



Office: 125 East 3<sup>rd</sup> Street Suite #1 New Richmond, WI 54017 Phone: (715)952-9072 Fax: 888-715-2506 Web: <https://www.crescentmooncounselingllc.com/>

## **MENTAL HEALTH SERVICES REFERRAL FORM**

Thank you for your referral. Crescent Moon Counseling, LLC will contact you to confirm that the referral has been received. Please discuss the nature and intent of this referral with your client.

**DATE** \_\_\_\_\_ **REFERRAL SOURCE** (AGENCY/PERSON) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**CLIENT'S NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**GENDER AT BIRTH** \_\_\_\_\_ **PRONOUNS** \_\_\_\_\_ **AGE** \_\_\_\_\_ **ETHNICITY** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ OTHER PHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BIOLOGICAL PARENT**     **LEGAL GUARDIAN (MUST PROVIDE LEGAL DOCUMENTS FOR VERIFICATION)**

PARENT/GUARDIAN/OTHER \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ OTHER PHONE (\_\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

ATTORNEY (IF APPLICABLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_ OFFICE PHONE (\_\_\_\_\_) \_\_\_\_\_

### **REFERRAL SERVICES REQUESTED (CHECK ALL THAT APPLY)**

INDIVIDUAL THERAPY     ART THERAPY     TELEHEALTH     WALK N' TALK THERAPY     NATURE-BASED THERAPIES

**PRESENTING CONCERNS/COMMENTS:** (ATTACH SEPARATE SHEET IF NECESSARY. PLEASE FORWARD MEDICAL & BEHAVIORAL INFORMATION, COURT REPORTS, SOCIAL SUMMARIES, PREVIOUS EVALUATIONS, ETC.)

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DIAGNOSIS (IF KNOWN): \_\_\_\_\_

### **BILLING INFORMATION**

HEALTH PARTNERS     MEDICA     UNITED HEALTH CARE     BCBS OF MN     ST.CROIX COUNTY CCS     SELF-PAY

OTHER \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_ POLICY START DATE \_\_\_\_\_

**DOES CLIENT HAVE ANY OTHER FORM OF INSURANCE? Yes / No** \_\_\_\_\_

PLEASE FAX THIS COMPLETED FORM TO **888-715-2506** OR  
MAIL TO **CRESCENT MOON COUNSELING, LLC PO BOX 188 AMERY, WI 54001**

### **FOR OFFICE USE ONLY:**

Contact Date: \_\_\_\_\_ Type of Contact: \_\_\_\_\_  SCHEDULE     WAIT LIST     OUT-OF-NETWORK

Notes: \_\_\_\_\_

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