Hill Counseling and Consulting, P.C.
11071 West Maple Road
Omaha, NE 68164
Office: 402-871-9979
Fax: 402-614-9947
hillcounselingandconsulting.com

Mental Health/Community Service Referral Information

Referral Date: _____ Referral Contact Phone: _____ Referral Fax: _____

Referral Source (Name and Agency) _____

Referral Address: _____

Client Information

Client Name: _____ Date of Birth: _____ Age: ____ Gender: ____

Residing with (name and relationship): _____

Address: _____

Contact Home Phone: _____ Contact Alternate Phone: _____

Referral Information

Presenting Concerns/Comments (attach additional sheets as necessary): _____

_____

_____

Diagnosis and Medications (if known): _____

_____

Referral Services Requested (check all that apply):

Therapeutic Services

☐ **Individual Therapy** ☐ **Initial Diagnostic Interview** ☐ **CPP**

☐ **Family Therapy**

☐ **Community Treatment Aid** ☐ **Therapeutic/Supervised Visitation** ☐ **PCIT**

Location of Services Requested:

☐ **Virtual** ☐ **In Office** ☐ **Either Location** ☐ **Other Location:** _____

Insurance/Payment Information

TYPE OF INSURANCE		NEED PRIOR AUTH:	
POLICY NUMBER:		DEDUCTABLE:	
GROUP NUMBER:		DEDUCTABLE MET	
CUST. SERV. NUMBER:		COPAY	
PRIVATE PAY PRICE PER SESSION :		THERAPIST ASSIGNED ON:	

Office Verification/Authorization Notes