



**Referral Form** – fax to 781-344-0027, ATTN: Intake  
(p) 781-344-0057  
450 Pearl Street, Suite 3 & 3B, Stoughton, MA 02072  
30 Eastbrook Road, Suite 103, Dedham, MA 02026

**Referring Agency/Office / Clinician Information**Name of referring Agency \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Agency/facility fax number \_\_\_\_\_ Phone contact number \_\_\_\_\_

Name of clinician completing form \_\_\_\_\_ Agency/facility address \_\_\_\_\_

**Referred Client/Patient Information**

First name \_\_\_\_\_ Client last name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Cell phone # \_\_\_\_\_ (voicemail ok? Y N) Alternate phone # \_\_\_\_\_ (voicemail ok? Y N)

Prim. Insurance Name \_\_\_\_\_ Member ID # \_\_\_\_\_ Ins. Provider/BH phone # \_\_\_\_\_

Second. Insurance Name \_\_\_\_\_ Member ID # \_\_\_\_\_ Ins. Provider/BH phone # \_\_\_\_\_

Insurance subscriber name \_\_\_\_\_ Subscriber D.O.B: \_\_\_\_\_

PCP Name &amp; Contact # \_\_\_\_\_ Client Ethnicity/Race \_\_\_\_\_

Email address \_\_\_\_\_ (for appointment reminders)

**Reason for Referral / Services Requested**

Medication Management Y N Therapy Y N Both therapy and medication management Y N

Current therapist name \_\_\_\_\_ (if applicable) Phone number \_\_\_\_\_

Primary mental health diagnosis(es)/challenges \_\_\_\_\_

Medical issues Y N \_\_\_\_\_

Substance abuse/Alcohol issues (past or present) Y N \_\_\_\_\_ Cigarettes (ppd) \_\_\_\_\_

Social issues and/or legal involvement (i.e. DCF, open court cases, court mandated tx, etc.) Y N \_\_\_\_\_

**Current Medication Regimen**

Who was your last prescriber? \_\_\_\_\_ Why did you d/c tx with them? \_\_\_\_\_

Drug name	Dose	Instructions	Reason	Efficacy

Patient consents to release personal health information to Abelard Psychotherapy, Inc.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Abelard Psychotherapy, Inc. – office use ONLY:**

Insurance coverage:

Plan year:

Deductible Y N

# visits per year:

Client Availability:

Auth#:

Appointment scheduled for: