

# OUTPATIENT REFERRAL FORM



We are happy to accept all referrals and questions at the following Service Locations:

**Cedar Rapids:** PHONE: (319) 286-4503 EMAIL: [therapyreferral@tanagerplace.org](mailto:therapyreferral@tanagerplace.org) FAX: (319) 368-3358

**Coralville:** PHONE: (319) 286-4520 EMAIL: [CoralvilleBHC@tanagerplace.org](mailto:CoralvilleBHC@tanagerplace.org)

DATE: \_\_\_/\_\_\_/\_\_\_

Referral Source: Name/Agency \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Contact PH Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

## CURRENT SERVICES & PROVIDERS:

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Current Tanager Place Client: Date of Last Assessment: \_\_\_\_\_

## RECOMMENDED SERVICES:

**Outpatient Therapy:**  Cedar Rapids Clinic  Coralville Clinic  School Based: School \_\_\_\_\_

**Psychiatric Services:**  Medication Management  Psychological Testing

**Autism services:**  Social Skills Group  Testing/assessment  ABA services

\*\*ABA Only: Please include documentation showing medical diagnosis of autism\*\*

**REASON FOR REFERRAL:** include information about current symptoms, behaviors, functioning and trauma:

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## INSURANCE INFO FOR VERIFICATION PLEASE ATTACH COPY OF CARD- REQUIRED BEFORE APPOINTMENT

PRIMARY INSURANCE: \_\_\_\_\_ SECONDARY INSURANCE: \_\_\_\_\_

We are unable to accept Medicare Insurance at this time.

Private pay rates are available for insurances which we are out of network.

Medicaid/MCO ID Number: \_\_\_\_\_ Name on Medicaid/MCO Card: \_\_\_\_\_

### Private Insurance ONLY:

Subscriber's Name: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_\_

Policy Number/Member ID: \_\_\_\_\_ Group Number/Plan Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Office Use Only:  Current/Previous Client?  Ins Verified  Ins in CT  Demographics in CT  RBHA Created  Added to Tracker

IF Medicare, checked for Medicaid and secondary