

Best Practice Psychotherapy, LLC
Helping You Maintain a Healthy Self
Phone: 203-553-9957/ Fax: 203-553-9957
Email: samudaj@gmail.com

Referral Information

Date of Referral: _____ Intake day/date: _____
Time: _____
Clinician: _____

Referral Source: _____ Phone: _____ Email: _____

Name of Client: _____

DOB: _____ Age: _____ SS# _____

Parent/Guardian: _____

Address: _____

Current Living Situation: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Insurance

Primary Insurance Company: _____

Subscriber Information (Name, DOB, SSN, employer, employer
address) _____

Policy Number: _____

Secondary Insurance: _____

Guarantor: _____

Presenting Problem

(Including current medical issues, recent hospitalizations, family history, recent trauma, abuse
history, substance use, current family stressors)

Diagnosis

Current Medication

Other treatment care providers

Please fax or email completed referral to: 203-553-9957 or samudaj@gmail.com. Thank you!