



REFERRAL FORM

4240-141 Portsmouth Blvd
Chesapeake, VA 23322

www.less4you.com

info@less4you.com

Information & Referrals: 757-769-8494 or 1-800-518-1962 - Fax: 888-793-9311

Referral Source Information Recipient Demographics

Date of Referral

Agency Name

Recipient Referred by

Phone Fax

Name

SSN Date of Birth

Gender: Male Female

Address

City State

Zip Phone

Parent/Legal Guardian Information

Guardian's Name

Address

City State

Zip Phone

Recipient's School

Does Guardian Have Legal Documentation? Yes No

School Phone

By Parents

Languages Spoken

Living Arrangements

Services Requested

In Office:

- Psychiatric Evaluation
- Medication Management
- Psychological Testing
- Psychosexual Evaluation
- Neuropsychological Evaluation
- Individual Therapy
- Group Therapy
- Family Therapy
- Adult Day Care
- Aged/Disabled Adult Medicaid
- Waiver Program
- Substance Abuse Services
- Outpatient
- Day Treatment-Adolescents
- Intensive Outpatient

In Home:

- Therapeutic Behavioral On-Site (TBOS)
- TBOS/Therapeutic Support Services (TBOS/TSS)
- Targeted Case Management

Note:

Please attach all assessments and background information available.

Please provide in detail the reason for referral:

Recipient's Financial Information Office Use Only

Medicaid Number

Other Insurance

Member Number

Bill to

Eligibility Ck by

Date Received Time

Received Via: Email Fax Phone Walk-in Other

Assigned Screener

Record No. Assigned