

# CRESCENT COUNSELING AND CASEWORK SERVICES

2328 Peters Creek Rd. NW Suite 102  
Roanoke Virginia 24017  
Phone: (540) 345-2606/Fax: (540) 345-2608

708 S. Rosemont Rd. Suite 203  
Virginia Beach, VA 23452  
Phone: (757) 431-0105 Fax: (757) 431-2608

## REFERRAL FORM OUTPATIENT

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian (if applicable): \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work/Cell Ph: \_\_\_\_\_

Referred by: \_\_\_\_\_ Ph: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email address: \_\_\_\_\_

### Insurance Information:

Primary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Medicaid or Medicare Number (if applicable) \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

### Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Current or Previous Providers:

\_\_\_\_\_  
\_\_\_\_\_

### Availability:

Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evening: \_\_\_\_\_

Mondays: \_\_\_\_\_ Tuesdays: \_\_\_\_\_ Wednesdays: \_\_\_\_\_ Thursdays: \_\_\_\_\_ Fridays: \_\_\_\_\_

### Eligibility Verification

**Date/Time called:** \_\_\_\_\_ **Name of rep:** \_\_\_\_\_ **Effective date:** \_\_\_\_\_

**Copay:** \_\_\_\_\_ **Pre-auth? yes / no** \_\_\_\_\_ **# of visits:** \_\_\_\_\_

**Assigned to:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_