AGAPE YOUTH BEHAVIORAL HEALTH
REFERRAL FORM

Referring Provider:

Referring Provider Office Name/Practice:

Referring Provider Phone Number:

Referral Contact Person:

Referring Provider Fax Number

Patient Name:Patient DOB:

Patient Full Address:

Patient Email Address:

Primary Language:

Will translation services be needed?

Legal Guardian of Patient?

Legal Guardian's Phone Number:

Patient's PCP, if different from above:

Patient's Insurance Plan(s):

Insurance ID Number(s):

Policy Holder Name/DOB:

Brief description of symptoms requiring this referral and current diagnosis:

Please select the following service(s) that will meet the need(s) of your client (more than one may be selected):

☐ Medication Management	☐ Individual Therapy	☐ Psychological Testing

Location Preference:

☐ East Brainerd Only	☐ Hixson Only	☐ Either Location (Shortest Wait)

If medication management is requested, please select the preferred provider (more than one may be selected, requests not guaranteed):

☐ MD Child Psychiatrist Only (Longest Wait)	☐ MD Only (Child Psych or Dev/Beh Specialist)	☐ **Any Prescribing Clinician (Shortest Wait)**

If you would like a specific clinician, please write that clinician's name here: _____

If individual therapy is requested , please select the preferred provider (more than one may be selected, requests not guaranteed):

☐ PhD Psychologist (Cash Only)	☐ **Fully Licensed Therapist on Insurance Panel**	☐ Masters-Level Therapist (Cash Only)
		☐ Supervised Therapist (Low Cash-Only Cost)

If you would like a specific clinician, please write that clinician's name here: _____

Please fax completed referral form to (423) 464-7631

We will notify you via fax regarding the patient's appointment determination within 2 weeks from the time the referral is received. Please notify the patient of the appointment date and time. **If the patient you are referring is in immediate danger of harming themselves or anyone else, refer to Parkridge Valley Hospital (423-499-2348) immediately, do not refer to us, we are not a crisis center.**

1360 Mackey Branch Drive; Chattanooga, TN 37421 (East Brainerd) and 1008 Executive Dr. Suite 101; Hixson, TN 37343
Phone: 423-443-3336