REFERRAL FORM

Today's date:	○ Money Talks Baltimore (MD, NC, SC, VA) ○ Money Talks Tampa ○ Otia Blake, MSW, LMSW

CLIENT INFORMATION

Last Name: First Name:	Middle Initial:		Marital status (circle one) Single / Married / Divorced / Separated / Widowed/ Partnered		
Legal Guardian? (minors, etc) ❑ Yes ❑ No	Name of Guardian/Parent:	Race:	Religion:	DOB/Age:	Gender:
Home Address:					
City:		State:	Zip Code:		
Email Address:		Primary Phone:		Secondary Phone:	

Referral Source: (name, address, phone number and email)

Reason for Referral: ❑ Individual Therapy (child/adolescent/adult/older adult) ❑ Family Therapy ❑ Couples Therapy ❑ Crisis Intervention ❑ Specialized Services/Financial Therapy ❑ Problem Gambling
❑ Other _____
Briefly describe your reason for seeking therapy:

Please attach relevant information such as: legal document of guardianship, court reports, reports from previous evaluations, medical/psychiatric/hospital information and summaries.

INSURANCE INFORMATION

The following insurances and EAP plans are currently accepted: Aetna, Magellan Health, Carelon, Maryland Medical Assistance, Medicare, CareFirst/BCBS (Maryland), Evernorth (Formely Cigna), Military One Source, United Behavioral Health/Optum. Self-Pay options available.

Person responsible for bill:	Birth date:	Address (if different):	Primary Phone: ( )
Occupation:	Referred by Employer?	Employer address:	Employer phone:

Is client covered by insurance? ❑ Yes ❑ No If no, Self-Pay options are available.

Primary Insurance Policy No.
Secondary Insurance Policy No. (if applicable)
Additional Insurance Policy No. (if applicable)

Client's relationship to subscriber: ❑ Self ❑Spouse ❑ Child ❑ Other _____

FOR OFFICE USE ONLY

Date Received:	Intake Scheduled:		Comments:

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