Health and Support Services Referral Form

Name: _____ DOB: _____

Referral Information	
Type of Referral: Examples: housing, food assistance, employment assistance, mental health services, health *(Use only generic type if needed for confidentiality)*	
Name of Institution/Provider: *(Use provider name only, if institution name can compromise confidentiality)*	
Appointment Date: Location:	
Contact Name:	
Phone Number:	
Email:	

Notes:

Referral Appointment Preparation: (information should be customized based on referral type)

    ☐ Referral form

    ☐ Picture identification

    ☐ Proof of address/residence

    ☐ Other documents as per agency requirements for referred service (For example, proof of income, social security card, birth certificate, etc.)

STANDARD REFERRING AGENCY INFORMATION:
Referring Agency/Provider: _____
Date Referred: _____
Name of person providing referral: _____
Phone number of person providing referral: _____