

# Health and Support Services Referral Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>Referral Information</b>	
Type of Referral: Examples: housing, food assistance, employment assistance, mental health services, health <i>(Use only generic type if needed for confidentiality)</i>	
Name of Institution/Provider: <i>(Use provider name only, if institution name can compromise confidentiality)</i>	
Appointment Date:	
Location:	
Contact Name:	
Phone Number:	
Email:	
<b>Notes:</b>  	
<b>Referral Appointment Preparation:</b> (information should be customized based on referral type) <input type="checkbox"/> Referral form <input type="checkbox"/> Picture identification <input type="checkbox"/> Proof of address/residence <input type="checkbox"/> Other documents as per agency requirements for referred service (For example, proof of income, social security card, birth certificate, etc.)	
<b>STANDARD REFERRING AGENCY INFORMATION:</b> Referring Agency/Provider: _____ Date Referred: _____ Name of person providing referral: _____ Phone number of person providing referral: _____	