

RNLF COUNSELING SERVICES

REFERRAL FORM

Please complete the following and send this form, and any additional information
to: info@rnlfounselingsvs.net or fax to (225) 810-3968
ATTN: Front Desk, Office number: (225) 810-3967
7569 E. Industrial Dr
Baton Rouge, LA 70805



**Providing Spirit-empowered Service to
Individuals at their Point of Need**

DEMOGRAPHICS

Client Name: _____	Date of Birth/Age: _____
Insurance Type: _____	Policy Number: _____
Client Address: _____	Phone Number(s): _____
City/State/Zip: _____	Caretaker name: _____

Referring Person/ Agency _____

Phone Number: _____

Email: _____

REQUESTED SERVICES (Mark all that apply)

Assessment Only (with recommendations only, no services)

- Child
 Adult

Assessment (with services – specify services desired below)

- Child
 Adult

Services Requested (assessment required; services based on medical necessity and as authorized by payment source)

Psychotherapy

- Individual
 Family
 Group

Rehabilitative Services

- Basic Skills Training
 Psycho-Social Rehabilitation

Biofeedback/neurofeedback

- QEEG Evaluation
 Sessions

REASON FOR SEEKING SERVICES

Insurance Type: _____	Policy Number: _____
Client Address: _____	Phone Number(s): _____
City/State/Zip: _____	Caretaker name: _____

Referring Person/ Agency _____

Phone Number: _____

Email: _____

Office Use Only

Therapist Assigned:	_____	Date Referral Received:	_____
	_____		_____
Intake Date:	_____	Recipient:	_____
	_____		_____

Please attach any relevant information you might think is necessary.