



Client Referral Form

Referrals for counseling services to Restoring Strong, LLC
428 Courthouse Rd Los Lunas, NM 87031
505-916-1622

www.restoringstrong.com

jackie@restoringstrong.com

First and Last Name (Legal name should match insurance card) * _____

Date of Birth * _____

Address * _____

City, State and Zip Code* _____

Telephone Number * _____

Email * _____

Insurance *

- Centennial / Turquoise Care - Presbyterian
- Centennial / Turquoise Care - Blue Cross
- Centennial / Turquoise Care – United Health
- Centennial / Turquoise Care - Molina
- Commercial Blue Cross
- Commercial Presbyterian
- Medicare
- Medicare Advantage (Please specify which one) _____
- Commercial Molina
- Commercial Sky
- Commercial United Health Care
- Self-pay
- Other _____

Insurance ID/Policy number * _____

Type of service requested *

- Individual therapy
- Family therapy
- Couples therapy
- Other: _____

Presenting issues or Goals of Therapeutic Intervention * _____



Referral Source *

- Self
- Other: _____

Referral Agency Name: _____

Referral Contact Name: _____

Referral Contact Information: _____

If there is a need for ongoing contact with referral source, please send a release of information along with this referral or let the client know they will need to sign a release with this office during their intake.

All information with asterisk (*) is required for verification of benefits and appointment scheduling. Referrals will be responded to within two business days. This form or the information contained in the form can be emailed to jackie@restoringstrong.com – please use subject line REFERRAL. You may also contact 505-916-1622 with this information.