

NEWLEAF

COUNSELING OF THE RIVER VALLEY

Phone: (479) 709-2369 • referrals.newleafbh@gmail.com

REFERRAL FORM

At NewLeaf Counseling of the River Valley, we seek to collaborate with referring providers to optimize patient care and provide adjunct therapy as needed. Your patient's continuity of care is of the utmost importance to us. Please provide the following:

Patient Name:		
Date of Birth:		
Patient Phone Number:		
Patient Address:		
Patient Email:		
Patient Insurance:		Insurance ID:
Referral Diagnosis:		
Referral Provider Name:		
Provider Specialty:		
Provider NPI Number:		
Provider Email:		
Provider Address:		
Provider Phone:		
Provider Fax:		
How did you hear about us?		
Reason for referral:		

IMPORTANT: Please include with this submission all current diagnoses, current medications and current problem list, as well as face sheet that includes patient insurance information.

SERVICES

- Diagnostic Evaluation
 Individual Therapy
 Family Therapy
 Relational Therapy
 Immigration Services
 ADHD Testing
 EMDR Only Services

Please fill out and email this form to referrals.newleafbh@gmail.com

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