ABC WELLNESS GROUP
402 W 8th Street DeRidder, LA 70634
Phone: (337) 401-4686 Fax: (337) 419-0974

NEW PATIENT REFERRAL FORM

PATIENT INFORMATION

DATE: _____

NAME: _____DOB: _____

PARENT/GUARDIAN: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

APPOINTMENT COMMUNICATION PREFERENCES: ☐ TEXT ☐ PHONE ☐ EMAIL

REFERRED BY: _____

SERVICE REQUESTED: ☐ MEDICATION MANAGEMENT ☐ PSYCHOTHERAPY

☐ TRANSCRANIAL MAGNETIC STIMULATION (TMS) EVALUATION

☐ SUBOXONE/MEDICATION ASSISTED TREATMENT (MAT)

☐ MEDICAL CANNABIS EVALUATION

BRIEFLY DESCRIBE REASON FOR SERVICES: _____

_____

INSURANCE INFORMATION

INSURANCE TYPE: ☐ MEDICARE ☐ MEDICAID ☐ COMMERCIAL ☐ TRICARE

☐ OTHER (Please specify): _____

PRIMARY INSURANCE: _____

EFFECTIVE DATE: _____

MEMBER ID #: _____

GROUP #: _____