

Villa of Hope Behavioral Health Services
247 N. Goodman Street
Rochester, NY 14607
Phone: 585-627-5892, Fax is 585-627-5895

Chemical Dependency Outpatient Clinic Referral Form

<p><u>Client Information:</u></p> <p>Client Name: _____</p> <p>DOB: _____</p> <p>SS#: _____</p> <p>Current grade: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>Zip Code: _____</p> <p>Phone #: _____</p>	<p><u>Insurance:</u> The Clinic accepts the following insurances. (Self-pay with a sliding scale is available)</p> <p><input type="checkbox"/> Medicaid</p> <p>Policy Number: _____</p> <p><i>Note: Private insurances may require a referral from a Primary Care Physician</i></p> <p><input type="checkbox"/> Excellus <input type="checkbox"/> Family Health/Child Health Plus <input type="checkbox"/> MVP <input type="checkbox"/> Monroe Plan <input type="checkbox"/> Aetna <input type="checkbox"/> Independent Health <input type="checkbox"/> BC Option</p> <p>Policy Number: _____</p> <p>Policy Holder's Name: _____</p> <p>Relationship to Client: _____</p> <p>* All Insurance Information must be completed and a copy of insurance cards must be provided</p>
<p><u>Parent/Guardian Contact Information:</u></p> <p>Name: _____</p> <p>email address: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>Zip Code: _____</p> <p>Phone #: _____</p>	<p><u>Referral Source Contact Information:</u></p> <p>Name: _____</p> <p>email address: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>Zip Code: _____</p> <p>Phone #: _____</p>
<p><u>Reason for Referral:</u></p> 	
<p><u>High risk / High priority issues:</u> (ex: suicide attempts, significant mental health concerns, pregnancy etc)</p> 	
<p>**This Program is an outpatient clinic licensed by the NYS Office of Alcoholism and Substance Abuse Services, as such it is not licensed or equipped to operate as an emergency room, a crisis center, a detoxification center, or a psychiatric unit. I understand that the person I am referring is in need of a substance abuse evaluation and is not exhibiting acute medical or psychiatric issues.</p>	
<p>Signature _____</p>	<p>Date _____</p>