



# INJURY TRAUMA COUNSELING

Serving all of Florida  
Phone/Fax: 877.360.7783  
Email: [Intake@InjuryTraumaCounseling.com](mailto:Intake@InjuryTraumaCounseling.com)

## Mental Health Referral Script

**Fax: 877.360.7783**

\*This form is fillable

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Mailing Address (Complete)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Health Insurance Plan

\_\_\_\_\_  
Policy ID

\_\_\_\_\_  
Phone

\_\_\_\_\_  
PIP Insurance Carrier

\_\_\_\_\_  
Claim #

\_\_\_\_\_  
DOL

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Phone #

### **Reason for Referral:**

Evaluation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DX:** \_\_\_\_\_

**\*\*Include a copy of a government issued photo ID to confirm identity. \*\***

\_\_\_\_\_  
Referring Physicians Signature

\_\_\_\_\_  
Date Signed