

The Mind Center
13 Railroad Square, Suite 1, Waterville, ME 04901
Phone: (207) 200-4548 Fax: (207) 692-1210
www.TheMindCenter.me

REFERRAL FORM

DATE OF REFERRAL: _____

CLIENT INFORMATION (person being referred):

1. **NAME:** _____
2. **DATE OF BIRTH:** _____ **AGE** (must be 16+): _____
3. **ADDRESS:** _____

4. **PHONE:** _____ **PHONE** (other) _____
5. **INSURANCE PLAN:** _____
6. **INSURANCE POLICY NUMBER:** _____
7. **INSURANCE GROUP NUMBER:** _____

REFERRING PROVIDER INFORMATION

1. **Referring provider's name:** _____
2. **Title and/or specialty:** _____
3. **Practice name & address:** _____

4. **Phone:** _____ **Fax:** _____
5. **Diagnoses associated with the referral:** _____
6. **Reason for referral** (please be as specific as possible):

Please send copies of any clinical information and signed releases of information by faxing them to (207-692-1210) or by mailing them via US Postal Mail to: The Mind Center, 13 Railroad Square, Suite 1, Waterville, ME 04901.