

Wagner Behavioral Health Services, LLC

115 S. Washington Street (Main Office)
P.O. Box 35, Titusville, PA 16354-0035
www.wbhservices.com

Tel.: (814) 827-2218
Fax: (814) 271-7262

DRUG & ALCOHOL REFERRAL FORM

Service(s) Requesting: Individual Family Marriage Group Evaluation(Specify): _____ Other _____

Preferred Location: Titusville Warren Franklin Other: _____

CLIENT INFORMATION:

Name: _____ Date of Birth: _____ S.S#: _____
First Middle Last

Address: _____ Work: Full Time Part Time Disability Unemployed N/A

County: _____ School: _____

Marital Status: Married Single Divorced Separated Widowed Grade: _____ Age: _____

Telephone: (____) _____ Leave Messages: Yes NO (____) _____ Leave Messages: Yes NO
Home Cell

If Minor:

Parent/Guardian's Name(s) _____ Telephone: _____

To whom is the child/youth currently residing? _____ Relationship to Client: _____

Current Address: _____

Telephone Number: _____ Cell Number: _____

INSURANCE INFORMATION:

Type of Insurance: No Insurance/Private Pay Major Medical Medicare (MA) Medicaid/ACCESS EAP Other _____

Insurance Name: _____ Policy/Member ID: _____ Group #: _____

Primary Card Holder's Name: _____ Date of Birth: _____ S.S.#: _____

Relationship to Primary Card Holder: Self Spouse Child Other _____

REFERRAL SOURCE:

Referral Name: _____ Title: _____ Date of Referral: _____

Facility Name: _____

Address: _____ Telephone: _____

Fax: _____

REASON FOR REFERRAL:

Court Ordered? Yes or No When? _____ Charge? _____

Judge: _____ Client's Attorney: _____

Time Frame for the Evaluation: _____ Is it needed for court? Yes or No

Date? _____

Provide a brief outline of your concerns and clinical/medical history. Attach any pertinent information available.

NOTICE

To effectively complete Psycho/Sexual Evaluations with recommendations related to safety and/or treatment concerns, it is imperative that WBH Services is provided with any and all collateral information prior to meeting with the client. Information that is beneficial would include Court Orders, Affidavit of Probable Cause (If available), any assessments by other providers.

Note: Processing May Be Delayed If Information Submitted is Illegible or Incomplete.

To Transmit request information:

Fax: 814-271-72628 ♦ Mail: WBH Services, LLC, P.O. Box 35, Titusville, PA 16354 ♦ email: smoronski@wbhservices.com