 Administrative Office

**Integrative Counseling and Psychological Services** 1777 Axtell Dr., Suite 100, Troy, MI 48084

www.sollarsassociates.comFax: (248) 385-1193 Phone: (248) 787-0855

**NEW REFERRAL FORM**

| Thank you for your interest in Sollars and Associates. Please download this Word document and add your information. We will be able to respond to your request more quickly if you complete the following form. Email your completed form as an attachment to appointments@sollarsassociates.com.If you prefer a Referral Coordinator contact you by phone, please complete your name and phone number and we will call within the next 48 business hours.We look forward to hearing from you! |
| --- |
| *Client Name (if different from yours)* |  |
| *Your Full Legal Name* *(and Relationship to client if calling for someone else)* |  |
| *Your Phone Number*  |  |
| *Your EMAIL ADDRESS* |  |
| *Is it okay to send a text message or leave a voicemail on that phone number?* |  |
| *When is the best time of day to reach you?* |  |
| *Client Date of Birth* |  |
| *Client Age* |  |
| *Client Birth Gender (for insurance purposes)**and Gender client identifies as (if different from Birth Gender)* |  |
| *TYPE OF INSURANCE (ex “Blue Cross Blue Shield”)* |  |
| *Who is the EMPLOYER / source of insurance?* |  |
| *Is it a PPO or an HMO plan?* |  |
| *Member / Enrollee ID#* |  |
| *Group #* |  |
| *Provider Services / Customer Service Phone #* *(usually on the back of the card):* |  |
| *Client Address (House Number, Street, City and Zip Code)* |  |
| *Subscriber Name and Date of Birth (If different from client)* |  |
| *Do you have Medicare coverage? Or any SECONDARY INSURANCE?* |  |
| *We also offer* ***CASH RATES*** *between $70 and $120.**The rate depends on the therapist's level of education and experience.* ***If you would prefer to pay CASH, OR IF REQUESTING COUPLES COUNSELING, please note the RANGE you would like to pay.*** |  |
| *Therapists make their own schedules and many are full at this time. If we are not able to pair you with a therapist,* ***would you be comfortable working with a graduate level intern as recommended by our director?*** *Interns are supervised by fully licensed therapists, both through Sollars and their schools.*  |  |
| *We have therapists and interns who offer both Face to Face services and Teletherapy services.****First, what Location(s) are best for you?******Do you prefer Face to Face services?*** ***Do you prefer Teletherapy services?*** |

| *Location(s)* |  |
| --- | --- |
| *Face to Face* |  |
| *Teletherapy* |  |

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| *How did you hear about Sollars?* |  |
| *Can you please tell us why you are seeking treatment?* *This will help us to best pair you with the appropriate therapist* |  |

|

| *Client Name (if different from yours)* |  |
| --- | --- |
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| *Your Phone Number*  |  |
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| *Location(s)* |  |
| --- | --- |
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| *Teletherapy* |  |

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