OnTrackNY Referral

To refer a potential client, please complete this form and return it, along with a copy of the release of information and relevant records.

Client Information

Client name _____

Parent or guardian (if minor) _____

Address _____

Phone _____

Date of referral _____

Date of birth _____

Email _____

Referral Information

Referral name _____

Referral agency _____

Phone _____

Psychiatrist _____

Email _____

Phone _____

Is the client aware of and in agreement with this referral? ☐ Yes ☐ No

Does the client speak English? ☐ Yes ☐ No If no, indicate language _____

Indicate the degree to which the patient's family/caregiver is involved in treatment: _____

Reasons for referral:

Relevant Medical, Psychosocial, and Psychiatric Information

1. Describe psychotic symptoms that the client has reported or demonstrated over the past 2 years (including onset and course of qualifying symptoms, and any self-harm, suicide attempts, or violent behavior):

2. Provide a brief psychiatric history including: (a) psychiatric hospitalizations, (b) current and past medications (if any) and (c) working diagnosis if obtained from a medical record or from a provider:

3. Identify other psychiatric and/or substance use issues the client has reported/demonstrated over the past 2 years:

4. Provide any additional information that may be relevant to this client's treatment (client strengths, psychosocial history, etc.):

5. Indicate whether the client has any cognitive deficits such as intellectual and developmental disabilities or learning disorder:

6. Provide any relevant medical history:

Primary Insurance Information

Last name of insured _____   First name of insured _____

Relation to client _____

Policy ID no. or CIN no._____

Secondary Insurance Information *(if applicable)*

Last name of insured _____   First name of insured _____

Relation to client _____

Policy ID no. or CIN no._____

Please be advised that the above insurance information is important and needs to be filled out and handed in prior to the first visit. If the insurance information is not filled out, or if you have insurance other than those listed above, you will be required to pay each session at the time of check in.