

H & J Counseling

"Helping People Succeed"

Phone (402) 991-7621

Fax (402) 991-7631

7905 L St, Ste. 410

Omaha, NE 68127

Referral Date: _____

____ Referred by Case Manager: _____ Referral agency: _____

____ Referred by Probation Officer: _____ Referral address: _____

____ Referred by self/other: _____ Referral phone #: _____ or _____

Name of Client being referred: _____ DOB ___/___/___ SS#: _____ - _____ - _____

Current Placement: _____ Age: _____ Sex: _____ Ethnicity: _____

Address: Street: _____ City: _____ St. _____ Zip: _____

Home Phone #: _____ Alternate Phone #: _____ Medicaid #: _____

Mothers: Name: _____ Fathers Name: _____ Legal Guardian: _____

Service requested: _____ In home _____ Individual Therapy _____ CD Evaluation _____ Anger Management

_____ Other _____ In office _____ Family Therapy _____ CD Counseling _____ Marriage Counseling

Family Situation: Marital Status, Siblings, etc...

Reason for Referral/Presenting Problem:

Prior treatment Information Medication History

Billing Information:

Private insurance? Yes No If yes, Type of insurance _____ Primary Policy ID: _____

Cash Pay? Yes No Straight Medicaid? Yes No Magellan: Yes No

State Ward? Yes No Provider Service Referral? Yes No

Other source of payment: Yes No If yes, what: _____