



**Quail Ridge Towers**

11212 N. May Ave., Ste. 208  
Oklahoma City, OK 73120  
www.ANewDayOK.com  
Phone/Fax: (405) 708-6331

**REFERRAL AND SCREENING FORM**

Thank you for choosing ANDC for a potential mental health partner. We need the following information in order to proceed with services. PLEASE EMAIL, FAX, OR CALL THE OFFICE WHEN TURNING IN A NEW REFERRAL. PHONE/FAX: (405) 708-6331 OR INFO@ANEWDAYOK.COM

DATE: \_\_\_\_\_ Email Address: \_\_\_\_\_ Electronic Correspondence OK: Yes \_\_\_ No \_\_\_

SOURCE OF REFERRAL: Health Plan \_\_\_\_\_ PCP \_\_\_\_\_ School \_\_\_\_\_ DHS \_\_\_\_\_ Other \_\_\_\_\_

NAME AND RELATION OF PERSON MAKING THE REFERRAL: \_\_\_\_\_  
(PLEASE FILL OUT AS MUCH CONTACT INFORMATION AS POSSIBLE, AN INTAKE COORDINATOR WILL CONTACT YOU OR NEW REFERRAL W/IN 1 BUSINESS DAY)

NAME OF REFERRAL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
(Preferred contact number circled above and/or verbal permission to leave a message. Yes \_\_\_ No \_\_\_)

If child, Name of School: \_\_\_\_\_

What is your Concern? Reason for services?: \_\_\_\_\_

**Payment Source, Insurance Information, & Payment options:**  
In Network \_\_\_\_\_ Out of Network (self Pay) \_\_\_ or Private Pay \_\_\_

If we are In-Network with your insurance company, you are responsible for contacting your insurance company for coverage amounts. We must have a copy of the front & back of your insurance card prior to the start of services.

*Your deductible is the amount you must pay before your insurance company will begin paying for or 'covering' your services. This will be charged to your credit/debit card for each visit (you can also use cash).*

Insurance Company: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_  
Insurance Plan ID #: \_\_\_\_\_ Group ID #: \_\_\_\_\_  
Current Deductible Amount Owed: \$ \_\_\_\_\_ Co-pay due for each session: \$ \_\_\_\_\_

**Out of Network:** If we are out of network, you can use a "superbill" to turn in your own insurance claim.

**Self Pay or Private Pay:** If we are not in-network with your insurance company or you do not have private insurance, you are considered a self pay client. You are responsible for all charges.

-----Do not write below, for staff-----

REFERRAL TAKEN BY: \_\_\_\_\_ REFERRED TO: \_\_\_\_\_

BH: Yes \_\_\_ No \_\_\_ Gambling: Yes \_\_\_ No: \_\_\_ SAS/INTEGRATED: Yes \_\_\_ No \_\_\_ TRAUMA: Yes \_\_\_ No \_\_\_

DATE OF 1<sup>ST</sup> SCHEDULED APPOINTMENT OFFERED: \_\_\_\_\_ INTAKE COMPLETED: Yes \_\_\_ or No Show \_\_\_  
(If declining referral give reason and disposition: ( \_\_\_\_\_ ))

Assigned Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
ADDITIONAL NOTES: (Staffing held to consult on client needs or other additional notes)

\_\_\_\_\_  
\_\_\_\_\_