Dr. Kristine Schlichting, PhD
Dr.. Robert Stine, MD
Katherine Salvador, PA-C
London Caudle, PA-C
Jacquelin Bessette, LMSW

IOP REFERRAL FORM

HHS Hopewell Health Solutions
CT's Premier Therapy & Psychiatric Practice

REFERRAL SOURCE			
AGENCY		PHONE	
LOCATION		EMAIL	
FORM COMPLETED BY		PHONE	DATE

RECEIVING AGENCY			
AGENCY		PHONE	
LOCATION		EMAIL	

CLIENT INFORMATION			
LAST NAME		FIRST NAME AND MI	
DATE OF BIRTH		GENDER	
GUARDIAN NAME		GUARDIAN RELATIONSHIP	
CLIENT'S ADDRESS		CELL PHONE	
		HOME PHONE	
		WORK PHONE	
		EMAIL	

PRESENTING CONCERNS / COMMENTS Attach additional sheets and / or supporting documentation as deemed necessary.	
REASON FOR REFERRAL	
PATIENT AWARE OF REASON FOR REFERRAL? IF NOT, PLEASE EXPLAIN.	
SERVICE / SPECIALTY REQUESTED	
ADDITIONAL COMMENTS	

INSURANCE INFORMATION					
		INSURANCE PLAN			
INSURANCE ID		MEDICAL GROUP		PHONE #	
INSURANCE HOLDER'S NAME		RELATIONSHIP TO PATIENT		DOB	

CT's Intensive Programs for Mental Wellness & Psychiatry
Hopewell Health Solutions - 300 Hebron Ave, Suite 203, Glastonbury, CT. 06033
Phone - 860-946-0447 - Option #1
Fax - 860-781-8588