



Intricate Minds, LLC
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Referral Form for Mental Health/Behavioral Health Services

Client Information

Name:	Date of Birth:	Race/Ethnicity:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple	School & Grade:	
CONTACT NUMBERS:		Message ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS:	SSN _____	

Parent or Legal Guardian Information if Minor:

Name of Parent or Legal Guardian:	Address:
Contact Numbers:	

Payment Information:

Type of Insurance <input type="checkbox"/> _____	
Insurance ID#	Phone #

Referral Source Information: Complete this section so we can contact you after the referral is made.

Name	Mailing Address
Phone#	Email address
How did you hear about Intricate Minds, LLC?	

Child/Adult Mental Health Information:

Reason for referral for treatment: In your own words, please describe

Additional Comments _____

Been in counseling before?: _____