



Access to Counseling Services

3035 NW 63rd St., Suite #200
Oklahoma City, OK 73116
Phone (405) 242-2242
Fax (405) 286-1730
www.access2counseling.com

Referral for Services (Private Insurance / Self-Pay / EAP)

Referral Date: _____

- Self-Pay (\$45) Goodwill EAP ComPsych EAP HealthChoice: ID #: _____
- BCBS: Policy #: _____ Group #: _____ HMO or PPO? _____
- TriCare: Policy # (SSN): _____ Prime or Standard? _____
- Aetna: Subscriber ID: _____ Group #: _____
- Coventry: ID #: _____ Group #: _____

Potential Participant Information

Name: _____ DOB: _____ Age: _____

Address: _____ Ethnicity: _____ Gender: _____

Apt/Suite: _____ SSN: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Presenting Problems/Needs: _____

Substance Abuse? Y N Current? If yes, list drug(s) of choice (including alcohol) and refer to an appropriately credentialed substance abuse clinician: _____

Urgent mental (suicidal/homicidal) or unaddressed physical health needs? Y N If yes, describe: _____

Potential participant's availability for scheduling: _____

Responsible Party Information

Name: _____ DOB: _____ Age: _____

Address: _____ Ethnicity: _____ Gender: _____

Apt/Suite: _____ SSN: _____

City: _____ State: _____ Zip: _____ Relation to cx: _____

Phone: _____ Alternate Phone: _____

For Office Use Only

Treating Clinician: _____ Date: _____ Notified by: _____

Notes: _____

Urgent Needs addressed by A2C personnel: _____

PreDx: _____ **Approved by:** _____