



Client Referral Form

Email or Fax this Referral Form to:
The Therapy Office
ATTN: Referral Team
E-mail: hello@thetherapyofficecar.com
Fax: 479-358-1476

Fill out this form online!
thetherapyofficecar.com/referral

____ / ____ / ____
Today's Date

Client Information

First and Last Name: _____
E-mail Address: _____ Phone Number: _____
Date of Birth: _____ Gender at Birth: _____
Street Address: _____
City, State, & Zip Code: _____
Presenting Problem/Diagnosis that needs to be addressed in Counseling:

Insurance Information

We are currently in network with BlueCross Blue Shield, Anthem, Cigna, Aetna, Qualchoice, and Ambetter. We **do not** accept Medicaid, PASSE, and Medicare plans. *If a client is a part of the AR Home program and given insurance through BlueCross Blue Shield or Ambetter, we do accept their plan.*

Client's Insurance:

Blue Cross Blue Shield Anthem Ambetter Cigna Aetna
 Qualchoice Insurance Plan ID #: _____

Referral Information

We are so grateful for the referral! Please list your information so we can thank you and continue to connect with you!

First and Last Name: _____
E-mail Address: _____ Phone Number: _____
Relationship to the Client: _____
Name of your Practice: _____