



Mental Health Referral Form

Thank you for your referral. Inspira allows clients to see outside clinicians while seeing Inspira prescribers.

Our clinic will contact you to confirm that the referral has been received.

Please discuss the nature and intent of this referral with your client. We will contact the client to schedule an appointment.

Please forward this form to: intake@inspiracounselingcenter.com

We accept the following insurances:

MassHealth, Blue Cross Blue Shield, MBHP, Cigna, CCA, Tufts, BMC, HNE, Humana

Referral Information			
Office/Facility:		Referral Date:	
Address:		Phone #:	
Email:		Fax #:	
Reason:		Urgent	Non-Urgent
Services Requested:			
Client Demographics			
Name:		DOB:	Email address:
Gender:	Age:	Preferred Language:	
Address:		Phone #:	
Guardian Name (if applicable):			
Relationship:		Phone #:	
Insurance Name:		Insurance #:	
Client Information			
Presenting Complaint:			
Diagnosis:			



Symptoms & Behaviors of Risk:

Social Factors:

Past Psychiatric History:

Past Medical History:

History of Drug/Alcohol Misuse:

Medications:

Other Relevant Information:

Referrer
(*Credentials*)

Date

Print Name