

Willow Tree Counseling

External Provider Referral

If you are an external provider or agency that would like to refer an individual to Willow Tree Counseling for services, please submit the following information by:

Fax: (701) 552-7975

Encrypted Email: erin@willowtreecounselingfm.com

Mail: Willow Tree Counseling, 102 W. Beaton Dr., Ste. 103, West Fargo, ND 58078

REFERRING PROVIDER/AGENCY INFORMATION

Printed First & Last Name of Provider or Agency Name

Mailing Address

City

State

Zip Code

Phone Number

Fax Number

E-mail Address

CLIENT INFORMATION

Printed First & Last Name

Client Date of Birth

Mailing Address

City

State

Zip Code

Phone Number (Cell or Landline)

E-mail Address

Funding/Insurance Plan

Member ID & Group Number

Health Plan Provider Services Phone Number

Policy Holder (If someone other than client)

Policy Holder Date of Birth

Policy Holder Phone Number

Please describe the reason for referral to WTC:

Has a mental health diagnostic assessment been completed? If yes, please include a copy with the referral.

Is the client currently taking medication? If yes, please list current medications.

Does the client have any other services, medical, psychiatric, etc., that will be involved? If yes, please list.

How will the client be contacted regarding an appointment (select one):

Client to call to schedule *or* WTC will call client to schedule.

Please include a Release of Information with the referral to Willow Tree Counseling.