



**FS-010
Provider Referral Form**

Danville
Phone: 859-936-3492
Fax: 502-538-1148

Florence
Phone: 859-936-3492
Fax: 502-538-1148

Madisonville
Phone: 270-874-2560
Fax: 270-825-8081

Owensboro
Phone: 270-926-2484
Fax: 270-685-6015

Pikeville
Phone: 606-437-9500
Fax: 6006-437-0940

Case Management

Therapy

Client's Name: _____ Referral Date: _____

Gender: Male Female Date of Birth: _____ SSN: _____

Medicaid/Insurance Info: _____

Mental Health Dx: _____

Custody of: Parent DCBS DJJ Other: _____

Name: _____ Phone: _____

Address: _____ County: _____

City, State, Zip: _____

School: _____ Grade: _____

Issues/Problems/Reason for Referral

Referred by (Agency/Contact Person): _____

Phone: _____

Staff Signature and Credentials

Date