



Yeates Family Consulting, LLC

Student Referral Form

Phone: (662) 570-1109

Fax: (662) 328-3135

Referral Source Information:

Person Making Referral: _____ Date: _____

Referral Organization: _____ Phone #: _____

Office Contact Person: _____ Fax #: _____

Student Information:

Student Name: _____ Date of Birth: _____

Parent/Guardian (if applicable): _____ Phone #: (____) _____

Primary Insurance: _____ Subscriber Name: _____

Student Referred for: (check one or more boxes below)

- Psychotherapy/Counseling** – *Depression, Anxiety, Substance abuse, Behavior change, Personality disorder, Relationship issues, Stress management, etc.*
- Nurse Practitioner** – *Medication evaluation and/or management*
- Substance Abuse** – *Adolescents Intensive Outpatient Program*

Please explain: _____

Please fax this form to 662-328-3135 or call at 662-570-1109.

An administrative staff will contact the client or student's parent within two business days.

For Yeates Family Consulting Use Only

Please fax form back to referral source within 72 hours of request.

Referral Status: Appointment Scheduled: Date: _____

Clinic: Yeates Family Consulting Therapist: _____

Patient unable/declined (circle) to schedule: _____

Not scheduled due to: _____

Yeates Consulting staff completing this form: _____