



# Behavioral Support Services, Inc.

315 N. Lakemont Avenue, Suite B, Winter Park, Florida 32792  
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## Referral Form

### Client Information (Please print):

*Date of Referral:* \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

SS#: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ County: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ ESE: \_\_\_\_\_

List of Medication(s): \_\_\_\_\_

Previous Treatment: \_\_\_\_\_

### Primary Reason for Referral:

(e.g. Anxiety, Depression, Inapprop Sexual Behavior, Noncompliance, Stealing, Substance Abuse, Trauma, Verbal Aggression, etc.)

Services Required: (e.g. Behavior Analysis, Case Management, Mentor, Psychiatric Eval, Therapy, etc.)

### Funding Source (Must use the primary insurance; only mark one form below):

Amerigroup: \_\_\_\_\_ Amerigroup HK: \_\_\_\_\_ CBC: \_\_\_\_\_ CHS: \_\_\_\_\_ CMS: \_\_\_\_\_ HSA/FSPT: \_\_\_\_\_

HSA/Title21: \_\_\_\_\_ Harmony/Healthease: \_\_\_\_\_ Harmony/Staywell: \_\_\_\_\_ Harmony HK: \_\_\_\_\_ Magellan: \_\_\_\_\_

Med-Waiver: \_\_\_\_\_ Med-Waiver/FSL: \_\_\_\_\_ Medi-pass: \_\_\_\_\_ Substance Abuse: \_\_\_\_\_ United: \_\_\_\_\_

Vocational Rehab: \_\_\_\_\_ Others (please specify): \_\_\_\_\_

Medicaid#: \_\_\_\_\_ OtherID#: \_\_\_\_\_ SupportPlanEffectiveDate: \_\_\_\_\_

**I understand that I must disclose all insurance coverage. If failure to disclose results in a denied claim, I will be financially responsible.** \_\_\_\_\_ (Signature of parent/caregiver)

### Referral Source Information (Please Print):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency: \_\_\_\_\_ E-mail address: \_\_\_\_\_

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.  
Confidential & Privileged Information for Professional Use Only