



Behavioral Support Services, Inc.

315 N. Lakemont Avenue, Suite B, Winter Park, Florida 32792
Phone: 407-830-6412 Referral Fax: 407-479-3827 E-Mail: Referral@BSSOrlando.com



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): _____

Current Treatment:

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.)

Please list ALL insurance coverage for the client being referred:

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