

OnTrackNY Referral

To refer a potential client, please complete this form and return it, along with a copy of the release of information and relevant records.

Client Information

Date of referral _____
Client name _____ Date of birth _____
Parent or guardian (if minor) _____
Address _____
Phone _____ Email _____

Referral Information

Referral name _____
Referral agency _____
Phone _____ Email _____
Psychiatrist _____ Phone _____
Is the client aware of and in agreement with this referral? ☐ Yes ☐ No
Does the client speak English? ☐ Yes ☐ No If no, indicate language _____
Indicate the degree to which the patient's family/caregiver is involved in treatment:

Reasons for referral:

Relevant Medical, Psychosocial, and Psychiatric Information

1. Describe psychotic symptoms that the client has reported or demonstrated over the past 2 years (including onset and course of qualifying symptoms, and any self-harm, suicide attempts, or violent behavior):
2. Provide a brief psychiatric history including: (a) psychiatric hospitalizations, (b) current and past medications (if any) and (c) working diagnosis if obtained from a medical record or from a provider:

3. Identify other psychiatric and/or substance use issues the client has reported/demonstrated over the past 2 years:
4. Provide any additional information that may be relevant to this client's treatment (client strengths, psychosocial history, etc.):
5. Indicate whether the client has any cognitive deficits such as intellectual and developmental disabilities or learning disorder:
6. Provide any relevant medical history:

Primary Insurance Information

Last name of insured _____ First name of insured _____
Date of Birth of insured _____
Relation to client _____
Policy ID no. or CIN no. _____

Secondary Insurance Information *(if applicable)*

Last name of insured _____ First name of insured _____
Date of Birth of insured _____
Relation to client _____
Policy ID no. or CIN no. _____

Please be advised that the above insurance information is important and needs to be filled out and handed in prior to the first visit. If the insurance information is not filled out, or if you have insurance other than those listed above, you will be required to pay each session at the time of check in.