



FAX REFERRAL FORM for ALFA COUNSELING & CONSULTATION, LLC

>>> URGENT <<<

Fax to: 614-707-4707

Referral's Name: _____ **Referral's Phone Number:** _____

Select Best time(s) to contact referral by phone:

- 8-10am
- 11am-1pm
- 2-4pm
- 5-7pm

Referral's Insurance: _____

Referred By Organization, Name, Phone: _____

Select Preferred Office Location:

- Dublin
- Worthington
- Video Sessions

Preferred Services:

- Individual Counseling
- Adult Psychiatry
- Relationship Focused Counseling

Select Preferred Appointment Times:

- First Available (ASAP)
- Morning
- Afternoon
- 5pm or later

Is this a requirement of inpatient discharge or an IOP/PHP program?

- Yes
- No

Is this required for court or custody matters?

- Yes
- No

Reason for Referral / Stated Concerns or Special Considerations:

OPTIONAL: If you have a valid authorization for the release of HIPAA protected information, please include it with your fax or email.

Please note that Alfa Counseling & Consultation, LLC is not a crisis intervention facility. Life threatening and violence situation should be routed immediately to emergency resources such as 911, a local emergency room, a violence shelter, or another qualified crisis intervention center.

Do not fax crisis or violence matters. Please route immediately to emergency assistance.

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