



## Southern Psychological and Behavioral Services, LLC

2236 Bemiss Road, Valdosta, GA 31602

P: 229-474-9800

F: 912-550-4166

Thank you for your referral. SPBS will contact you to confirm that the referral has been received. Please discuss the nature and intent of this referral with your client. We will contact the client to schedule an appointment.

Referral Date: \_\_\_\_\_ Referral Phone: \_\_\_\_\_ Referral Fax: \_\_\_\_\_

Referral Source (Name & Agency) \_\_\_\_\_

Referral Address: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ SS# \_\_\_\_\_ Medicaid # \_\_\_\_\_

Residing with (name & relationship): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Alternate Phone: \_\_\_\_\_

Presenting Concerns/Comments (attach additional sheets as necessary):

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### Referral Services Requested (mark all that Apply):

Individual Therapy

Psychological Evaluation

Mental Status Exam

ABA Therapy

### Type of Insurance:

Straight Medicaid

Wellcare

Peach State

Secure Health

Tri-Care

Self-Pay

BlueCross/BlueShield

Amerigroup

UHC

Other: \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Phone# \_\_\_\_\_

Complete and fax to the number above or email to [office@southernpsychological.com](mailto:office@southernpsychological.com)