



7564 Browns Mill Rd  
 Chambersburg, PA 17201  
 Phone: (717) 375-1509  
 Fax: (717) 375-6035

**Referral and Information for School-Based Outpatient Services**

Please complete and fax to Admissions at (717) 375-6035

School Name: \_\_\_\_\_ School's phone number: \_\_\_\_\_

School Address: \_\_\_\_\_ School contact person: \_\_\_\_\_

Client's full name: _____	D.O.B.: _____ SS #: _____
Client's Address: _____ _____	Gender: M ___ F ___ Race/Ethnicity _____
Primary Insurance: _____	M.A. or ID # _____
Address of Insurance _____ company: _____	Group # _____ Insurance company phone number: _____
Name of policy cardholder: _____	D.O.B _____ SS# _____

Are you aware of a Legal Custody Order? _____		Father's name	Mother's name	Foster Parents/Guardians
If yes, this Order affects who consents to participate in treatment. A copy will be needed to begin treatment.	Address			
If custody is not with either parent, please identify below who holds legal custody?	Home Phone Number			
	Work Phone Number			
	Cell Phone Number			

Medications and prescribing Doctor: \_\_\_\_\_

Reason(s) for Referral: \_\_\_\_\_

I \_\_\_\_\_ give permission for the \_\_\_\_\_ to release the information above to Laurel Life. \_\_\_\_\_ Date: \_\_\_\_\_

(parent/guardian signature)