



# Naugatuck Valley Counseling and Medication Management LLC

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276 HIGHLAND AVE, SUITE 2 NORTH  
WATERBURY, CT 06708

## PRIVATE THERAPY REFERRAL FORM

Client Name: \_\_\_\_\_ Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## INSURANCE INFORMATION

Name of Insurance Company: \_\_\_\_\_

Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name {Self, Child or Spouse}: \_\_\_\_\_

Policy Holder's Address: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_

Deductible if known: \_\_\_\_\_ Copay: \_\_\_\_\_

## PRESENTING PROBLEM

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Current and/or Past Providers: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_