



Phone Number for Intake: 318-232-2232
Fax Number: 318-301-3734
Email Address: admin@thedragonflyharbor.org

Client Referral Form

Thank you in advance for your referral. Please complete the worksheet below and fax completed form to The Dragonfly Harbor, Inc.

THIS SECTION IS TO BE COMPLETED BY REFERRING PARTY

Contact Information

Client Name: _____ Date: _____

Client Date of Birth: _____ Age: _____ Gender: _____

Parent and/Guardian Name(s) and relation to the client if applicable:

Parent/Guardian Phone number(s) if applicable:

Client Address: _____

City, State, Zip: _____

Insurance Company: _____ Policy #: _____

Reason for Referral: _____

Any known diagnoses or medications: _____

Is client a victim of abuse or Human Trafficking? _____

Referred by: _____ Follow up phone #: _____

Follow up Fax #: _____ Follow up email: _____

THIS SECTION TO BE COMPLETED BY THE DRAGONFLY HARBOR, INC.

Dates of attempted contact with client: _____

- Client could not be reached after _____ attempts
- Client refused our services
- Client referred out. Notes: _____
- Date/Time of appointment: _____
Counselor assigned for initial consult: _____

We will do our best to provide a prompt response and appointment time for your referral if accepted. To check on referral status please contact the office. Thank you!

