



DAVID LAWRENCE CENTER

FOR MENTAL WELLNESS

Referral to David Lawrence Center

Customer Information

Name _____ Gender Male Female
Date of Birth _____ Social Security Number _____
Phone Number _____
Language English Spanish Creole Other _____
Insurance _____ Diagnosis _____

Referring Agency / Provider Information

Court Ordered? Yes No
Agency Name _____
Primary Contact _____
Phone Number _____ Fax Number _____
Address _____
City _____ State _____ Zip _____

Initial Service(s) Referring For (Please check all that apply)

Clinical Assessment

This initial appointment with a non-prescribing clinician initiates the therapeutic process. A diagnosis is identified and appropriate treatment recommendations are made including referral and linking to services within or outside of David Lawrence Center. The assessment lasts approximately two hours.

Psychiatric Evaluation

This is the initial appointment with a prescribing psychiatrist or ARNP and the goal is to prescribe medications. In the majority of cases, a clinical assessment must first be completed prior to referring to the psychiatrist.

Urine Drug Screen

Other/Comments _____

Would you like a copy of the client's records upon completion of service? Yes No

Please fax completed form and medical records and/or court documentation to 239-354-1452.