



Referral for Services

Date of Referral

Phone #

Referring Agency/Contact Name

CLIENT INFORMATION

Parent /Guardian if Client is a Minor

Last Name

First Name

Date of Birth

Current Age

SS#

Street Address

City

State

Zip Code

Primary Phone #

Secondary Phone #

May we say Syntero is calling? Yes No

May we leave a message? Yes No

E-mail Address

Primary Language

Interpreter Needed? Yes No

PRESENTING ISSUE(S)

Check all that apply.

Alcohol / Drug

ADHD

Depression

Divorce

Relationship/Marital

Family

Anger

LGBTQ Issues

Child Behavioral Issues

Sexual Abuse/Harassment

Trauma

Stress / Anxiety

Court Ordered Assessment

Chronic Pain

Life Transition Issues

Other

Are Drugs and/or Alcohol a concern at this time? Yes No

Preferred Service Type Individual Family Couples Group IOP
Other

INSURANCE INFORMATION

Complete insurance information to facilitate faster access to services.

Insurance Name

Policy #
(Medicaid # is 12 digits)

Group # / Name

Policy Holder Name

Policy Holder DOB

Preferred Syntero Location Dublin Mill Run Northeast Lewis Center

How did you hear about Syntero? Currently work with Syntero Have worked with Syntero in the past
Website / Internet Search Word of Mouth
School Pediatrician or Primary Care Provider
Other

To Submit a Referral: Fax form to 614-889-6454

Call Syntero's Intake Department at 614-889-5722 ext 133

E-mail at Intake@syntero.org

Referral form can also be found at Syntero.org