



# 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) 889-9335**  
**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**