1 N. 1st Street Suite 674
Phoenix, AZ 85004
Phone: 480-729-5975 Fax: 480-907-3002
Email: Referrals@lifecoaching4kidscenter.com

LIFE COACHING 4KIDS CENTER

TODAY'S DATE:

Referring Agency Information			
Agency,Clinic, or Hospital:	Inpatient Unit: Discharge Date:	Phone:	Fax:
Contact Person:	Phone:	Fax:	Email:

Patient Information		
First Name:	Last Name:	D.O.B.:

Please complete or attach documentation containing the following information:				
Age:	Gender:	Race: Language:	AHCCCS ID:	SS #:

Home Address: City, State & Zip	Home Phone #: Alternate Phone #:

Guardian (First and Last Name): Please circle the below: Bio Parent / DCS Involvement / Emergency Contact	Contact Phone #:
Outpatient Psychiatrist Name**: If none, please indicate.** Primary Care Provider: Date of last physical:	Phone #:
Case Manager Name: If none, please indicate.	Phone #:

Primary Insurance:	ID #:	Group #:
Secondary Insurance:	ID #:	Group #:

Diagnosis
Axis I:
Axis II:
Axis III:

Medications:

Is Client Dangerous to Self or Others (currently or by history)? _____ Yes _____ No

Services - Reason for Referral

Behavioral Health Program: Counseling Behavioral Coaching Mentoring

Parent Coaching Life Skills Case Management Family Support

Additional Client needs:

Options: In Office In Home School Based Telehealth

Next Follow-up Appointments:

Does patient have safe discharge plan with support without inpatient hospitalization?

Please attach History and Physical or assessment, medications list, current progress notes, MD discharge summary or any supportive documents.

Payment Options:
Insurance we currently accept: Optum, Optum Behavioral Health, United Health Care, Magellan, Molina,
Self-pay (affordable sliding scale fee based on annual household income)