



Agape Youth Behavioral Health & CPC Referral Form



Referral Direct Line (423) 464-7483
Please Fax to (423) 464-7631

Referring Provider Office Name/Practice/Provider Name:

Referring Provider Phone Number:

Referring Provider Fax Number:

Referral Contact Person:

Patient Full Name:

Patient DOB:

Patient Address:

Patient City, State, Zip:

Primary Phone Number:

Contact Email:

Primary Language:

Will translation services be needed?

If so, what Language?

If patient is under 18, Legal Guardian of Patient Full Name & DOB:

Patient's PCP or previous Behavioral Health Provider (if different from above):

Patient's Insurance Policy Name & Member ID:

Policy Holder's Name

Policy Holder DOB:

Brief description of symptoms requiring this referral and current diagnosis:

If Patient is currently taking medications, please list name(s) and dosage:

If you would like specific clinician(s), please write those names here:

Please select the following service(s) that will meet the need(s) of your client (more than one may be selected).

☐ Medication Management	☐ Individual Therapy	☐ ADOS Testing (Cash Only, \$500)
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Location Preference:

☐ East Brainerd	☐ Hixson	☐ Lee Hwy	☐ Cleveland	☐ Telehealth Only	☐ Any Location (Shortest Wait)
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If medication management is requested, please select the preferred provider(s). More than one may be selected, requests not guaranteed.

☐ MD Child Psychiatrist Only (Longest Wait Time)	☐ MD Only (Child Psych or Dev/Beh Specialist)	☐ Any Prescribing Clinician (Shortest Wait Time)
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If individual therapy is requested, please select the preferred provider(s). More than one may be selected, requests not guaranteed.

☐ Fully Licensed Therapist on Insurance Panel	☐ Masters-Level Therapist (Cash Only)	☐ Student Supervised Therapist (Low Cash-Only Cost)
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We will notify you via fax regarding the patient's appointment determination within 2 weeks from the time received in our office. Please notify the patient of the appointment date and time. If the patient you are referring to us is in immediate danger or harming themselves or anyone else, please refer them to the nearest emergency room or contact 911. **DO NOT** refer to us, we are **NOT** a crisis center.