

JSS Behavioral Services
A Center for Family-Focused Behavioral Care

9225 University Blvd
Suite E2A
North Charleston, SC 29406

Phone: 843.637.4211
Fax: 843.793.3691
Website: www.JSSBehavioral.com

Doctors Office/ Facility Referral Form

****Please fax all referrals to 843-793-3691****

Referring Office: _____ Referring Provider: _____

Name of Office Contact Person: _____ Phone Number: _____

Diagnosis/Reason for referral: _____

Contact to schedule appointment: **OFFICE** _____ **PATIENT** _____

Type of Service: **THERAPY/COUNSELING** _____

Please check all that apply: **PSYCHOLOGICAL ASSESSMENT/TESTING:**

AUTISM SPECTRUM _____

ADD/ADHD _____

LEARNING DISABILITIES _____

BEHAVIORAL/EMOTIONAL CONCERNS _____

OTHER (PLEASE SPECIFY) _____

PATIENT INFORMATION (please complete or attach information)

First Name: _____ MI: _____ Last Name: _____

Date of birth: ____/____/____ Gender: **M** or **F** SSN: _____

Home phone: _____ Cell phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If minor, parent or guardian name: _____

INSURANCE INFORMATION:

Insurance Company: _____ Member ID #: _____

Group #: _____ Policyholder Name: _____ Relation to Patient: _____

Policyholder Date of Birth: ____/____/____ Secondary Insurance Company: _____

Member ID#: _____ Group #: _____ Policyholder Name: _____

Relation to Patient: _____ Policyholder Date of Birth: ____/____/____

Provider Signature _____