**FAX REFERRAL FORM for ALFA COUNSELING & CONSULTATION, LLC**

Alfa Counseling & Consultation, LLC 200 W. Bridge Street Dublin, OH, 43017. 254 W. Johnstown Rd Gahanna, OH, 43230.

6797 N. High Street, Suite 100, Worthington, OH, 43085. P: 614-547-9233 www.AlfaCounseling.com

**>>> URGENT <<<**

**Fax to: 614-707-4707**

**Referral’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Referral’s Phone Numbe**r: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select Best time(s) to contact referral by phone:**

* 8-10am
* 11am-1pm
* 2-4pm
* 5-7pm

**Referral’s Insurance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred By Organization, Name, Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select Preferred Office Location:**

* Dublin
* Worthington
* Gahanna
* Video Sessions

**Select Preferred Appointment Times:**

* Any
* First Available (ASAP)
* Morning
* Afternoon
* 5pm or later
* Weekends

**Is this a requirement of inpatient discharge or an IOP/PHP program?**

* Yes
* No

**Is this required for court or custody matters?**

* Yes
* No

**Reason for Referral / Stated Concerns:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that Alfa Counseling & Consultation, LLC is not a crisis intervention facility. Life threatening and violence situation should be routed immediately to NetCare Access, 911, a local emergency room, a violence shelter, or another qualified crisis intervention center.

**Do not fax crisis or violence matters. Please route immediately to emergency assistance.**