



Community Health Centers of Sarasota County
Florida Department of Health

FILLED OUT BY CASE MANAGER, CLIENT, OR LEGAL GUARDIAN OF CLIENT

Client Information (please print):

Date of Referral: \_\_\_/\_\_\_/\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_ Race \_\_\_ County \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone 1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Reason(s) for Referral

- Anxiety, Depression, Sexual Acting-Out, Low Self Esteem, Social Skills, Bullying, Physical Aggression, Inattention/Hyper, Substance Abuse, Trauma / Grief / Loss, Verbal Aggression, Non-Compliance, Family Issues, Defiance/Disrespect

- STRAIGHT-MEDICAID, PRESTIGE, SUNSHINE, INTEGRAL, MEDICARE, HEALTHY KIDS, SELF-PAY, OTHER, AMERGROUP, AETNA, BC/BS, STAYWELL/WELCARE, MEDICARE/MEDICAID

Comments:

Medicaid Number (10 digits)
\_\_\_\_\_

Referral Source Information

Name/ Agency/Clinic \_\_\_\_\_

Email (PRINT CLEARLY!) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Person \_\_\_\_\_

PLEASE FAX any updates to the APPROPRIATE OFFICE (based on client's residence)

North Port Health Center
6950 Outreach Way
North Port, FL 34287
Phone: (941) 861-3846
Fax: (941) 861-3394

Children's Health Center
1750 17th St, Building E
Sarasota, FL 34234
Phone: (941) 861-1400
Fax: (941) 373-7676

William L. Little Health
and Human Services
2200 Ringling Blvd.
Sarasota, FL 34237
Phone: (941) 861-2744
Fax: (941) 861-2705