Referral Form

Langford Behavioral Health Services

Amy Langford APRN, PMHNP-BC
215 Main Street Chadron, NE 69337
224 W 2nd St Alliance, NE 69301
Phone: 308-221-4462 Fax: 308-275-2042
langfordbehavioralhealth@gmail.com

Date of Referral: _____

Client Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Referral Source:

Name/Organization: _____

Phone Number: _____

Email Address:_____

Relationship to Client: _____

Reason for Referral:
(Please provide a brief description of concerns, symptoms, or reason for referral.)

_____

_____

_____

_____

Insurance Information: *(if available)*

Insurance Provider: _____

Subscriber Name: _____

Member ID: _____

Group Number:_____

Additional Notes:

_____

_____

Referral Submitted By: _____ **Date:** _____

Signature: _____

Thank you for your referral to Langford Behavioral Health Services. We will contact the client promptly to schedule services.