



Phone: 855-289-1722
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Fax Referral Sheet/Phone Intake Form

REFERRAL DATE: _____

NAME/TITLE OF PERSON MAKING REFERRAL: _____

ORGANIZATION/PHONE/FAX/EMAIL: _____

CLIENT NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

COUNTY OF RESIDENCE: _____ PHONE NUMBER: _____

IS THIS A FACILITY? ☐ YES ☐ NO IF YES, NAME OF FACILITY: _____

CLIENT DATE OF BIRTH: _____ GENDER: _____ SOCIAL SECURITY #: _____

RACE:	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American/American Indian		
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown		
	<input type="checkbox"/> Alaskan Native				
ETHNICITY:	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Other Hispanic	<input type="checkbox"/> Not Hispanic
MARITAL STATUS:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	

*CLIENT HAS LEGAL GUARDIAN ☐ YES ☐ NO AGENCY: _____

*GUARDIAN: _____ PHONE NUMBER: _____

*PRIMARY INSURANCE/MCO: _____ ID#: _____

*SECONDARY INSURANCE: _____ ID#: _____

*EMERGENCY CONTACT/RELATIONSHIP: _____ PHONE: _____

*PRIMARY CARE DOCTOR: _____ CONTACT: _____

*RESIDENTIAL PROVIDER: _____ CONTACT: _____

*VOC-DAY HAB/SCHOOL: _____ CONTACT: _____

*CURRENT MH PROVIDER: _____ CONTACT: _____

*DD/JFS WORKER: _____ CONTACT: _____

*OTHER SUPPORTS: _____ CONTACT: _____

525 METRO PLACE NORTH, SUITE 300, DUBLIN, OH 43017 | ViaQuestInc.com

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*PREVIOUS MH PROVIDERS:

*CRIMINAL HX: _____ PAROLE/PROBATION?: ____YES ____ NO

COURT OFFICER: _____ PHONE NUMBER: _____

PRESENTING PROBLEM:

DESIRED OUTCOME:

PLEASE PROVIDE:

- CONSENT TO TREAT FORM
- RELEASE OF INFORMATION FORM
- PRIVACY PRACTICES FORM
- PREVIOUS ASSESSMENTS
- INDIVIDUAL SERVICE PLANS
- BEHAVIOR SUPPORT PLAN (if applicable)
- RELEASE OF INFORMATION FORM (for documents not provided)

Office use only

Tracking

Initial response attempted _____

Contact made _____

Accepted _____

Revised 9/22/14

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