



**Fax Completed form to: 980-498-6700**  
**Or Email to: support@matonecounseling.com**

- **Agency Contact** \_\_\_\_\_
  - **Agency Contact phone** \_\_\_\_\_
  - **Agency Contact Fax** \_\_\_\_\_
  - **Agency Contact email** \_\_\_\_\_
  
- **Purpose of Referral – Counseling or Evaluation?** \_\_\_\_\_
- **Client demographics**
  - **Client Name** \_\_\_\_\_
  - **Date of Birth** \_\_\_\_\_
  - **Home address** \_\_\_\_\_  
\_\_\_\_\_
  - **Phone number** \_\_\_\_\_
  - **Primary Language** \_\_\_\_\_
  - **Email Address** \_\_\_\_\_
  
- **Parent or Legal Guardian Name** \_\_\_\_\_
  - **Phone** \_\_\_\_\_
  - **Email** \_\_\_\_\_
  
- **Insurance Provider** \_\_\_\_\_
  - **ID number** \_\_\_\_\_
  - **Name of Primary insured (if not client)** \_\_\_\_\_
  
- **Primary Contact for Scheduling/ Transportation:** \_\_\_\_\_
  - **Relationship to Client** \_\_\_\_\_
  - **Phone** \_\_\_\_\_
  - **Email** \_\_\_\_\_