RECLAMATION CENTER
RECLAIMING YOUR LIFE

Reclamation Center, LLC

"Reclaiming Lives, Restoring hope"

☐ 2900 W. Cypress Creek Rd, Suite #5, 13 Ft. Lauderdale, FL, 33309
P: (954) 343-6552
F: (754) 255-7455

☐ 6960 Taft, St Hollywood, FL 33024
Phone: (954) 432-8831
Fax: (954) 432-8832

☐ 2828 S. Seacrest Blvd., #204 Boynton Beach, FL
Phone: (561) 473-3288
Fax: (561) 354-6802

Referrals@reclamationcntr.com

☐ English ☐ Spanish ☐ Haitian Creole ☐ Portuguese ☐ French ☐ OTHER:

REFERRAL FORM

Referral Source Information:

Date of Referral: _____ Agency Name: _____ Referred by: _____
Phone Number: _____ Fax Number: _____ E-mail: _____

Client Information:

Name: _____ ☐ Male ☐ Female
(First) (Middle) (Last)
Address: _____ City: _____
State: _____ Zip Code: _____
Phone Number: _____ Alt. Phone Number: _____ E-mail: _____
Date of Birth: _____ Social Security #: _____ Insurance Plan: _____
Insurance #: _____

☐ Medicaid Beneficiary ☐ Medicaid Eligible Pending ☐ Medicaid Denied ☐ Commercial ☐ Medicare

☐ Medicaid Number (if applicable):_____

Is client court ordered: ☐ Yes ☐ No
Minor : ☐ **Yes** ☐ **No**

School Name: _____

Parent / Legal Guardian Information:

Guardian's Name: _____ Legal Guardianship Proof: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Phone Number: _____ Alt. Phone Number: _____ E-mail: _____

Reasons For Referral:

Requested Services:

☐ Psychiatric Evaluation. ☐ PSR-Psychosocial Rehabilitation ☐ Couples Therapy ☐ Family Therapy
☐ TMS - Transcranial Magnetic Stimulation ☐ Individual Therapy ☐ Medication Management
☐ TCM (Targeted Case Management) ☐ Kids Therapy ☐ PCP- Primary Care ☐ Residential Mental health
☐ ABA Therapy- Adults & Children ☐ Group Therapy ☐ IOP-Intensive Outpatient ☐ PHP-Partial Hospitalization
☐ Couples Therapy ☐ Family Therapy. ☐ Parent Counseling
☐ Other (please explain) _____