

**The Gardiner Center for Stress Management**

103 Brunswick Avenue, Gardiner, ME 04345

Phone: (207) 242-6271 Fax: (207) 512-1190

thegardinercenter.com

**REFERRAL FORM**

For providers or agencies with a standard referral form, we don't need you to fill this out. If you are simply seeking services for yourself, just fill out the information below to the best of your ability

**DATE OF REFERRAL:** \_\_\_\_\_

**CLIENT INFORMATION** (person being referred):

1. NAME: \_\_\_\_\_
2. DATE OF BIRTH: \_\_\_\_\_ AGE (must be 16+): \_\_\_\_\_
3. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. PHONE: \_\_\_\_\_ PHONE (other) \_\_\_\_\_
5. INSURANCE PLAN: \_\_\_\_\_
6. INSURANCE POLICY NUMBER: \_\_\_\_\_
7. INSURANCE GROUP NUMBER (if known): \_\_\_\_\_

**REFERRING PROVIDER INFORMATION**

Thank you for choosing The Gardiner Center! Please consider including a signed release of information to facilitate future communication.

1. Referring provider's name: \_\_\_\_\_
2. Provider's National Provider Identifier (NPI)# \_\_\_\_\_
3. Practice address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Diagnoses (DSM5 and/or ICD-10) associated with the referral:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Reason for referral. Please be aware that GCSM is no longer accepting referrals for neuropsychological or psychological evaluations – only psychotherapy.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this referral form by fax to (207) 512-1190  
or by mail to 103 Brunswick Ave, Suite 5, Gardiner, ME 04345. THANK YOU!