

The Gardiner Center for Stress Management
103 Brunswick Avenue, Gardiner, ME 04345
Phone: (207) 242-6271 Fax: (207) 512-1190
thegardinercenter.com

REFERRAL FORM

DATE OF REFERRAL: _____

CLIENT INFORMATION (person being referred):

1. NAME: _____
2. DATE OF BIRTH: _____ AGE (must be 18+): _____
3. ADDRESS: _____

4. PHONE: _____ PHONE (other) _____
5. INSURANCE PLAN: _____
6. INSURANCE POLICY NUMBER: _____
7. INSURANCE GROUP NUMBER: _____
8. PHONE NUMBER FOR INSURANCE COMPANY: _____

REFERRING PROVIDER INFORMATION

Thank you for making a referral to The Gardiner Center for Stress Management!

1. Referring provider's name: _____
2. Title and/or specialty: _____
3. Practice name & address: _____

4. Phone: _____ Fax: _____
5. Diagnoses associated with the referral: _____
6. Reason for referral (please be as specific as possible):

Send copies of any clinical information and signed releases of information by faxing them to (207-512-1190) or by mailing them via US Postal Mail to: The Gardiner Center for Stress Management, 103 Brunswick Avenue, Gardiner, ME 04345. PLEASE DO NOT EMAIL RECORDS!