



Open Arms Community Mental Health Center

10645 N.W. 7<sup>th</sup> Avenue, Suite 103 &104

Miami, Florida 33150

Office 7866152166 Fax 7866168123 EFax 8663490524

[www.openarmscmhc.com](http://www.openarmscmhc.com)

**Date of Referral:** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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**Client name:** \_\_\_\_\_

**SS#** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_

**Guardian Phone:** \_\_\_\_\_

**Case Manager (If App)** \_\_\_\_\_

**Insurance Information**

**Medicaid Number:** \_\_\_\_\_ **Insurance ID #** \_\_\_\_\_

**Third party Insurance** \_\_\_\_\_ **Self Pay** \_\_\_\_\_

**Reason for Referral:**

\_\_\_\_\_

**Services Requested:**     Anger Management     Psychiatric Evaluation     Sexual Abuse

Bio-Psychosocial Assessment     Psychological Assessment     ADHD     Autism

Grief/Loss     Targeted Case Management     Substance Abuse     Depression   

Anxiety     Self-esteem     Bullying     Individual Therapy     Family Therapy

School-Based Counseling     Trauma Assessment     Peer Pressure