Andrea Barbour, MA
Discovering Hope and Healing Together

Andrea Barbour, MA LMFT
921 East 86th Street Suite 210B
Indianapolis, IN 46240
O-812-764-4931 F-317-875-1060
andreabarbourmft@gmail.com

PATIENT REFERRAL FORM

NOTE: An ROI will be signed to ensure collaboration between Referring Physician and Treating Therapist. A follow up assessment will be faxed to the Referring Physician within 2-4 weeks of initiation of treatment.

REASON FOR REFERRAL_____

_____

REFERRING PROVIDER INFORMATION

REFERRING PHYSICIAN / THERAPIST NAME:_____

PHONE NUMBER:_____ FAX:_____

PATIENT INFORMATION

PATIENT NAME:_____

DATE OF BIRTH:_____

PATIENT ADDRESS:_____ PATIENT PHONE:_____

_____CELL:_____

PLEASE FAX TO 317-875-1060

Our staff will contact the patient with an appointment date and time.

Thank you for your referral.

www.andreabarbour.com

----------Tear Off Here and Give to Patient----------

Referral for: ❑ Assessment/Treatment ❑ Consultation ❑ Other_____
Provider Name: Andrea Barbour, MA, LMFTA
Office Address: 921 East 86th Street Suite 210B Indianapolis, IN 46240
Provider Phone: 812-764-4931
Provider Website: www.andreabarbour.com
Appointment Day/Time: _____

Payment Information: Due at time of Service. Cash, Credit, Checks and HSAs. Receipts will be provided but insurance reimbursement is not guaranteed.

Our staff will contact you to establish an appointment.