



Clara Martin Center

People Helping People

Referral Form

To make a referral for services, please fax this form to 802-728-4197 (Randolph) or 802-222-3242 (Bradford), or call our Access Specialist at 802-222-4477, ext. 468

Date: _____

Referred by: _____ Contact person: _____

Phone: _____ Secure Fax: _____

Preferred way of receiving feedback regarding this referral? Phone _____ Fax _____

Client Name: _____ DOB: _____ SS#: _____

Address: _____

Phone: (primary) _____ (secondary) _____

Contact Parent/Guardian _____

Phone: _____

Does the client know this referral is being made? Yes No

Permission to identify CMC when calling? Yes No/Unkown

Payer Source (check all that apply): Medicare Medicaid Other

Please note: care at the Clara Martin Center is not to be considered established until a face-to-face clinical assessment has been completed.

Reason for referral? _____

Current Medications: _____

Any Known Allergies? _____

Services Requested: _____

Provider Signature: _____

Contact Information:

24 Emergency Services: 800-639-6360

Randolph:

Phone: 802-728-4466

Fax: 802-728-4197

Walk-In Clinic: T 2-4pm, TH 1-3pm

Bradford:

802-222-4477

Fax: 802-222-3242

Walk-In Clinic: M 12-2pm, F 10am-12pm

CMC use only: Date/s of contact: _____

Appt. schedule date: _____ Other: _____

(Form 131:REV: 1/2015) You may copy this form for your use.