

**Referral Form**



To make a referral for services, please fax this form to (802) 728-4197, or email to [Referrals@claramartin.org](mailto:Referrals@claramartin.org), or call our Access Specialist at (802) 728-4466, ext. 468. Thank you. (Please print or type)

**Date:**

**Referred by:**

**Contact person:**

**Phone:**

**Fax:**

**Email:**

*Preferred way of receiving feedback regarding this referral?*

Phone

Fax

Email

**Client Name:**

**DOB**

**SSN#**

**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  Unknown

**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?**  Yes  No

**Services Requested:**  Adult Outpatient  Child & Family  Substance Use Disorder

**Clara Martin Contact Information:**

*24 hour Emergency Services 1- (800) 639-6360*

**Randolph: (802) 728-4466**

**Fax: (802) 728-4197**

**Walk-in Clinics: Randolph: T 2-4, Th 1-3**

**Bradford: (802) 222-4477**

**Fax: (802)222-3242**

**Bradford: M 12-2, F 10-12**

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