



Referral Form

Please check one and fax to the appropriate number

- | | | |
|---|---|---|
| <input type="checkbox"/> Greater Portland Counseling Center 71 US Route One, Suite E Scarborough, ME 04074 P: 207-773-9931 F: 207-879-5576 | <input type="checkbox"/> Residential Intake & Admissions 120 Main Street Windham, ME 04062 P: 207-894-5733 F: 207-894-5735 | <input type="checkbox"/> Kennebunk Counseling Center 2 Livewell Drive, Suite 202 Kennebunk, ME 04043 P: 207-467-3369 F: 207-467-3413 |
|---|---|---|

Referred by: _____

Referral phone #: _____

Client name: _____

Client date of birth: _____

Client phone #: _____

Client insurance type: _____

Insurance ID#: _____

Reason for visit: _____

Crossroads provides gender-responsive addiction and behavioral health treatment services in a safe and respectful environment so individuals and families can lead healthy lives.