LIBERTY RESOURCES
Improving Lives, Building Futures

Integrated Health Care
1045 James Street, Syracuse, NY 13203
Family Health Center: Ph (315) 413-7865; Fax (315) 679-5990
Behavioral Health Center: Ph (315) 472-4471; Fax (315) 472-1759

Patient Referral Application

Referral Date: _________ **Referred by:** _________________ **Preferred Provider:** ☐ Male ☐ Female ☐ Either

Last Name		First Name	DOB		
Gender:	Check Preferred Contact Number ☐ Home Phone:	Mailing Address:			
SSN	☐ Cell Phone:	City	State	Zip	
For Minors: Parent/Legal Guardian Name		Guardian's Relationship			

Benefits & Responsibility:

Primary Insurance	Policy Number	Subscriber's Name	Subscriber's DOB
Subscriber's SSN	Subscriber's Employer	Subscriber's Relationship to Patient	
Secondary Insurance	Policy Number	Subscriber's Name	Subscriber's DOB
☐ N/A			
Subscriber's SSN	Subscriber's Employer	Subscriber's Relationship to Patient	
Who is responsible for the bill?			
☐ Self ☐ Other, Name:		Relationship to Pt: ___________	
☐ Address Same as Above	☐ Address:		

Interested in following services (check box): ☐ Family Health Center ☐ Behavioral Health Center	**Seeking services for:**	**Family Members Currently Enrolled?**
Are you satisfied with your current primary care? YES / NO	**How did you hear about us?**	
Currently Receiving services with (check box, if applicable): ☐ Family Health Center ☐ Behavioral Health Center	Received services in **Past** with (check box, if applicable): ☐ Family Health Center ☐ Behavioral Health Center	
Therapist: Last Seen (date):	**Prescriber:** Last Seen (date):	**PCP:** Last Seen (date):

Internal Use: Appointment Date: _______________ With: _______________ Insurance Verified yes / no Staff: _______________

Original Date: 6/15/17; Last Revision: 8/17, 11/17, 2/18