Liberty Resources 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):	**Seeking services for:**	**Family Members Currently Enrolled?**
☐ Family Health Center ☐ Behavioral Health Center		

Are you satisfied with your current primary care?	**How did you hear about us?**
☐ YES ☐ NO	
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:	**Prescriber:**	**PCP:**
Last Seen (date):	Last Seen (date):	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