

MASTERS LEVEL THERAPIST REFERRAL FORM

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Complete Case Management provides IN PERSON Behavioral Health Intervention (BHI) at our Edmonds clinic. We currently have some openings on Wednesdays and Fridays. *We do not have Psychologists on staff. If your client needs a referral for a severe mental health condition, needs mental health medications, and/or needs a diagnosis, please consider referring directly to a Psychologist or Psychiatrist.*

I have confirmed that the service parameters described fit with this worker's needs.

I have attached the referral for BHI services from the Attending Provider.

If not, please confirm and obtain the provider referral specifying BHI services, then proceed with this form.

Client Name: _____ Language: _____

Claim #: _____ Client's Phone #: _____

Date of Injury: _____ Date of Birth: _____

Has this worker completed BHI sessions previously with a different Provider?

Yes No Unknown If yes, # of sessions completed if known: _____

Attending Provider Name: _____

Attending Provider L&I Provider Number: _____

Attending Provider Telephone #: _____

Attending Provider Fax # _____

Your Relationship to Client:

VRC Attending Provider (AP) Other Role: _____

Name/Contact info if not VRC or AP: _____

Claims Manager CM Name (confirm in CAC Please): _____

CM Phone # _____

Vocational Counselor Name: _____ Phone # _____

Brief explanation of reason for referral (symptoms, situation/barriers, etc.):

Thank you for the referral. We will schedule your client as soon as possible.