



# GPS Guide to Personal Solutions

Behavioral Health Solutions

1801 E Saginaw St Suite 1 Lansing MI 48912

Phone(517)667-0061

Fax (517)507-4888

## Therapy Referral Form – Fax to (517) 507-4888

HIPAA Secure Referrals can be sent online at [www.gpslansing.com/secureforms](http://www.gpslansing.com/secureforms)

### Patient Information

Name		DOB		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address						
City State					Zip Code	
Phone Number						
Type of Insurance						

Parent/Guardian Name			
Relationship to Patient			
Primary Phone Number		Alt Phone #	

### Referring Provider Information

Name			
Office Phone		Fax	

### Client/Patient Signature

I authorize _____ to fax this referral form to GPS – Guide to Personal Solutions at 517-507-4888 so they may contact me regarding my referral to their offices and then follow up with my doctor regarding the scheduling of my intake..	
Client Signature	
Date	

GPS Staff

Date Received \_\_\_\_\_ Date Called \_\_\_\_\_

Scheduled with \_\_\_\_\_ Intake Date \_\_\_\_\_