



Roman Clinical Consulting, LLC

Structuring Recovery & Wellness

Intake Referral & Screening Form

Roman Clinical Consulting, LLC 917 Broadway Street #7 Myrtle Beach, SC 29577	NPI: 1073924114	Initial Contact Date:
Name & Credentials of Staff Screening: Tony Roman, LISW-CP Phone (843) 796-2435 – Fax (843) 800-0061 Email: troman@romanclinicalconsulting.com	Requested Service: <input type="checkbox"/> Comprehensive Diagnostic Assessment <input type="checkbox"/> IT <input type="checkbox"/> FT <input type="checkbox"/> Group Therapy <input type="checkbox"/> Comprehensive Substance Abuse Assessment <input type="checkbox"/> CALOCUS <input type="checkbox"/> Other:	Availability to Start Services: <input type="checkbox"/> ASAP <input type="checkbox"/> Other:
Client Name:		

Referral Source Contact Information & Reason for Referral

Referral Name:		Agency:	
Address:		Phone Number:	
Email:		Fax Number:	
Summarize the Reason for Referral & Primary Concerns (include previous diagnosis and treatment, if applicable):			

Client Demographic Information

Client Name:		Phone Number:	
Address:			
Insurance Provider:	Insurance ID:		
Self or Agency Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Cost:			
DOB:	Age:	SS#:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
School Attended:	Grade:	Special Ed/IEP/504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent or Caregiver Demographic Information

Parent Name(s):	Address:
Phone Number:	Email:
Guardian Name(s):	Address:
Phone Number:	Email:
PCP Name:	Address:
Phone Number:	Fax Number:
Last PCP Visit Date:	Current Medications:

Phone (843) 796-2435
Fax (843) 800-0061

917 Broadway Street #7
Myrtle Beach, SC 29577

Email troman@romanclinicalconsulting.com
Web www.romanclinicalconsulting.com