



125 West Boutz Road
Las Cruces, NM 88005
Phone: 575-523-5222
Fax #: 575-523-8031

Mental Health Services Referral Form

Name:	Age:	Date of Birth:	
Guardian (If applicable):			
Service Requested:	Individual Therapy	Family Therapy	Couples Counseling
(Circle)	Intensive Outpatient Program (Adults only)		
Contact Number:	Message Okay: Yes No		
Address:			
Insurance Provider: <input type="checkbox"/> Medicaid/Centennial <input type="checkbox"/> BCBS <input type="checkbox"/> Western Sky <input type="checkbox"/> Presbyterian <input type="checkbox"/> FFS			
<input type="checkbox"/> Medicare <input type="checkbox"/> Tricare <input type="checkbox"/> Commercial:			
<input type="checkbox"/> No Insurance (Please list household income for sliding scale)			
Reason for Referral:			
Diagnosis (If applicable):			
Current Medication (If applicable):			
Referring Person/Agency:		Contact #:	
Additional Information:			

Please fax to 575-523-5222