

Referral Form



To make a referral for services, please fax this form to (802) 728-4197, or email to Referrals@claramartin.org, or call our Access Specialist at (802) 728-4466, ext. 468. Thank you. (Please print or type)

Date:

Referred by:

Contact person:

Phone:

Fax:

Email:

Preferred way of receiving feedback regarding this referral?

Phone

Fax

Email

Client Name:

DOB

SSN#

Address:

Phone: (primary)

(secondary)

Contact Parent/Guardian

Phone:

Does the client know this referral is being made?

Yes No

Permission to identify CMC when calling?

Yes No Unknown

Payer Source (check all that apply): Medicare

Medicaid

Other

Please note: care at the Clara Martin Center is not to be considered established until a face to face clinical assessment has been completed.

Reason for referral?

Current Medications:

Any Known Allergies? Yes No

Services Requested: Adult Outpatient Child & Family Substance Use Disorder

Clara Martin Contact Information:

24 hour Emergency Services 1- (800) 639-6360

Randolph: (802) 728-4466

Fax: (802) 728-4197

Walk-in Clinics: Randolph: T 2-4, Th 1-3

Bradford: (802) 222-4477

Fax: (802)222-3242

Bradford: M 12-2, F 10-12
