



Client Referral Form

Royce Recovery Behavioral Health of Texas • McKinney, TX
Phone: (469) 648-0739 Fax: (469) 219-8136

Please complete and return to Royce Recovery Admissions. In an emergency, call 911 or 988 — do not use this form.

1. REFERRAL SOURCE

Date	Referring Person	Title
Organization	Relationship to Client	Phone
		Email

2. CLIENT INFORMATION

Client Name	Date of Birth	Phone
Address		Email
Emergency Contact	Relationship	Phone

3. INSURANCE

Payer ☐ Commercial ☐ Self-Pay		
Insurance Carrier	Member ID	Group #

4. REASON FOR REFERRAL

Service Requested ☐ Assessment ☐ PHP ☐ IOP ☐ Outpatient ☐ Not Sure
Current thoughts of harming self or others? ☐ No ☐ Yes ☐ Unknown
Reason for Referral / Concerns

OFFICE USE ONLY

Received (Date/Time)	Received By	Intake Date	Status
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