



REFERRAL SOURCE			
AGENCY		PHONE	
LOCATION		EMAIL	
FORM COMPLETED BY		PHONE	DATE

RECEIVING AGENCY			
AGENCY	Rainbow Access Initiative, Inc.	PHONE   FAX	518.801.2521   518.438.7777
LOCATION	10 Colvin Ave Ste. 106 Albany, NY 12206	EMAIL	coordinator@raialbany.com

CLIENT INFORMATION			
LAST NAME		FIRST NAME LEGAL   CHOSEN	
DATE OF BIRTH		ASSIGNED SEX AT BIRTH	
PRONOUNS		RACE   ETHNICITY	
INTERPRETER REQUIRED?		LANGUAGE REQUIRED	
GUARDIAN NAME		GUARDIAN RELATIONSHIP	
CLIENT'S ADDRESS		CELL PHONE	
		HOME PHONE	
		WORK PHONE	
		EMAIL	

PRESENTING CONCERNS / COMMENTS	
Attach additional sheets and / or supporting documentation as deemed necessary.	
REASON FOR REFERRAL	
PATIENT AWARE OF REASON FOR REFERRAL? IF NOT, PLEASE EXPLAIN.	
SERVICE / SPECIALTY REQUESTED	
ADDITIONAL COMMENTS	

INSURANCE INFORMATION							
AUTHORIZATION REQUIRED?	YES	NO	AUTH #	# OF VISITS	AUTH EXP. DATE		
PPO	HMO	OTHER	INSURANCE PLAN				
INSURANCE ID		PHONE #		OOP RATE			
INSURANCE HOLDER'S NAME		RELATIONSHIP TO PATIENT		DOB			
FORM RECEIVED BY		PHONE		DATE			