

Outpatient Clinic – Referral Form

Please print clearly and send to **OutpatientReferral@baystatecs.org**

| Date: | | |
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| | | Best time to call: |
| Name | | DOB: |
| Paren | :/Guardian's Name if applicable: | · |
| Street | Address: | |
| City, S | tate, Zip Code: | |
| Phone | : | Is it OK to leave message on VM? |
| Email: | | · |
| Insura | nce: | Insurance ID: |
| Subsci | iber's name and DOB: | |
| Referr | ed By: | Phone: |
| Emerg | ency Contact: | Phone: |
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| ☐ Indii ☐ TF-0 ☐ Fam ☐ 240 ☐ Gro | vidual Therapy (currently accepting notes in the control of the co | exploring and learning new skills for managing difficult emotions) p (exploring your recovery journey, challenges you may be |

Walk-in intakes: Please come to our Outpatient Clinic at 1120 Hancock Street in Quincy during the following days and times in order to go through the intake process, which will take approximately 2 hours.

- Mondays/Wednesdays/Fridays from 9am to 12pm
- Tuesdays from 4 to 6pm