



Key Therapy LLC  
Phone: 203-261-7090  
Contact.us@keytherapyllc.com  
**Fax: 888-856-3413**

## Agency Referral Intake Form

Please enter information below to refer a client to Key Therapy. You can fax this form and a signed release to our fax #888-856-3413

### Referrer Agent Info

Name:

Phone:

Email:

Organization:

### Household Information

Head of House Name:

Address:

City:

Cell Phone:

Home Phone:

Email:

### Insurance Information

For each person in the house-hold please complete the information requested below

Person's Name	Insurance	Insurance ID	Date of Birth (DOB)	Relationship to Head-of-House



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Brief Description of Presenting Issues:

Who lives in the home?

Has any household member experienced domestic violence?

Has any household member experienced addiction to drugs or alcohol?

Is there a place for the client and the clinician to talk privately undisturbed?

Are there weapons in the home?

Are there any large pets?

Is there any difficulty in gaining access to the home?

Are there any known safety hazards on/ in / or around the home or property?