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Hazelwood, MO 63042

Send Referral Form  
to confidential fax or  
email address below:

**314-733-9834**

referrals@  
Smartideasconsultingfirm.  
com

### Insurance Accepted

Medicare  
United Healthcare / Optum  
UHC EAP  
Medicaid (Straight & HMO)  
Home State  
WellCare  
UHC Medicaid

## Referral Form

Date: \_\_\_\_\_

To: Live SMART Healing and Restoration Center

### Referring Agency Information

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Fax Number:

\_\_\_\_\_  
Email:

### Client Information

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian or POA contact if client is under age or in another's custody

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_  
Insurance Information: (Name of Company & ID#)

Brief explanation of services requested

SMART Ideas Consulting Firm, LLC  
Live SMART Healing & Restoration Center  
LaDonna Turner, MSW, LCSW | CEO, Individual & Family Psychotherapist