



11 Sycamore Street | Worcester MA 01608  
Telephone: (508) 798-1900 x 227 | Fax: (508) 798-1914

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**Service Requested:** \_\_\_\_\_ IHT \_\_\_\_\_ Therapeutic Mentor  
**Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Referring Source:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Agency: \_\_\_\_\_

**Member Information:**

Member Name: \_\_\_\_\_ Insurance: \_\_\_\_\_  
\_\_\_\_\_

MMIS#: \_\_\_\_\_

Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

**Reason for the referral:**

**Counselor Preference:**

Male: \_\_\_\_\_ Female: \_\_\_\_\_ First Available: \_\_\_\_\_

English: \_\_\_\_\_ Spanish: \_\_\_\_\_ Other: \_\_\_\_\_