



**Willow Oak Community Behavioral Health Center, Inc.**  
**37 Calumet Parkway, Building J, Suite 102, Newnan, GA 30263-6734**  
**O:770-683-6946 F:770-683-6949**  
**www.willowoakgeorgia.com**

---

New Intake & Referral Report

Today's Referral Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Mailing Address associated with the insurance card:

\_\_\_\_\_  
\_\_\_\_\_

Name and relationship of the individual that insurance is under (if other than the individual seeking service):

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Name, if child is a minor or adult with guardian

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Contact number on back of card: \_\_\_\_\_

Look for 800-member service number or mental health 800 number

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

EAP Authorization #: \_\_\_\_\_

# of Sessions approved: \_\_\_\_\_

Beginning Date of EAP: \_\_\_\_\_

Ending Date of EAP: \_\_\_\_\_

Individual's primary reason for today's referral:

\_\_\_\_\_  
\_\_\_\_\_