

REFERRAL FORM
WASHINGTON HEIGHTS COMMUNITY SERVICES
AUDUBON CLINIC
513 West 166th Street, New York, NY 10032
Referral Email: Audubonclinicreferrals@nyspi.columbia.edu
Referral Inquiries: 212-961-4426
Fax: 212-905-9246

Date:

First and Last Name:

Date of Birth:

Insurance:

Address:

Phone Number:

Language(s) Spoken:

Email:

Have you received psychiatric/therapy services at another clinic during the past year? If so, when and where:

Have you been given a diagnosis by a previous provider? If yes, which one(s)?

Are you currently prescribed psychiatric medication(s)? If yes, which one(s)?

Do you have current self-harming behaviors?

Do you have past/current involvement with police and/or legal system?

Do you have current/past history of substance use?

Do you experience any mobility issues?

***Please email or fax the completed form to the email/fax listed above.
Referral acceptance is subject to review of materials by the intake coordinator.***