



Trauma-informed Linkage to Care (TLC) Clinic

New Patient Referral Form

Address: 230 West 17<sup>th</sup> Street, New York, NY 10011 Phone: (646) 946-4482 Fax: 845-633-5778

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Referral Organization Name:

New patient Name:

Date of Birth:

Preferred Language:

Gender identity:

Pronouns:

Telephone Number (if has access to phone):

Is it okay to leave a message? Yes / No

Is sending a text message okay if unable to be reached by phone? Yes / No

(\*You can alert clients in advance that they can expect contact from our appointment line number: (646) 946-4482

Patient feels comfortable reading/writing in their native language: Yes / No

Patient will be bringing child/children to appointment with them: Yes / No

Does patient want referral source or other involved parties (lawyers, etc) to be able to communicate with Institute TLC care team members, including the medical provider? If so, please indicate name, organization and phone number of any/all collateral contacts below. If possible, please complete a HIPAA consent form with the patient you are referring, and email to [TLC@institute.org](mailto:TLC@institute.org)

Referral source name:

Organization:

Phone Number:

Fax number:

Email:

Insurance status:

Has Insurance

Has Emergency Medicaid only

Not currently insured & has had insurance in the past

Unknown

Not currently insured, but has filed for asylum and has received Form I-797C\*

(\*Note: Receipt number can be used for insurance enrollment, we can assist)

Not insured, no pending asylum application

Relevant History:

Sex Trafficking

Labor Trafficking

Domestic Violence

Other Sexual Trauma/Exploitation (eg. sexual assault)

\*With patient/client's consent: Any relevant background/history that the client feels is important and would prefer that our medical team is aware of in advance, so they do not have to repeat it during the visit (particularly with regard to trauma):

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**To comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA) please return this form via an encrypted method to [TLC@institute.org](mailto:TLC@institute.org) or via fax: 845-633-5778**