

Gateway Community Services

501 Forest Ave
Portland, ME 04101
Tel: 207-536-1590
Fax: 207-536-1591

124 Canal St
Lewiston, ME 04240
Tel: 207-536-5999
Fax: 207-536-5998

12 Shumman Ave, #8
Augusta, ME 04033
Tel: 207-512-4666
Fax: 207-512-4650

Referral Form

Client's Name:	DOB:	Gender:	Class Member: Y / N	Mainecare #	
		Telephone:		Social Security #	
Address:		Language:	Interpretation Needed? Y / N	Provider Preference:	
Service Requested: Circle One (1) Case Management (2) Counseling		Please list any Symptoms:	Substance Abuse? Y / N	Any safety concerns? Y / N	Is client in crisis? Y / N
Does client have current mental health diagnosis? Y / N					
Mental Health Diagnosis:					
Name and Credentials of Diagnosing Professional:					
Signature of Diagnosing Clinician:				Date:	
To be completed by Gateway Staff					
Case Manager Assigned:	Date:	Therapist Assigned:	Date:		

Referred by: _____ Date: _____

Please fax to: 207.536.1591