



REFERRAL INFO SHEET

4447 E. Broadway Road, Ste. 106 ♦ Mesa ♦ AZ ♦ 85206
520.635.3498 ♦ 480.300.4128

Thank you for choosing Saguaro Springs Healing Center (SSHC). Below, please find a list of the required documents in order to open a referral for Counseling services.

Requested documentation:

- ☐ Completed Saguaro Springs Healing Center Referral Face Sheet
- ☐ T/RBHA Annual Behavioral Assessment (reviewed and signed by BHP)
- ☐ T/RBHA Treatment/Service Plan with SSHC and specific Counseling services listed (signed by BHP and guardian.)
- ☐ Court Order for Guardianship (if the guardian is not the biological parent)

Please download the SSHC Referral Face sheet and send the requested documents to:

Referrals@saguarospringshc.com

or fax to: 480.300.4128

Referrals may also be sent via mail to:

Saguaro Springs Healing Center
4447 E. Broadway Road, Suite 106
Mesa, AZ 85206

Please contact JoAnn Collins-Walters at 520.635.3498 with any questions or concerns.

Respectfully,

JoAnn Collins-Walters, LPC, LISAC, CCTP
Saguaro Springs Healing Center



REFERRAL FACE SHEET

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Date of referral: _____

Intake Agency: ☐ Gila River Health Care ☐ Other: _____

Client Information:

Name: _____

Client Address: _____

Client Phone #: _____ Age: _____ Gender: ☐ Male ☐ Female

AHCCCS ID#: _____ Social Security #: _____

Date of Birth: _____ CIS ID: _____

Reason for referral: _____

Diagnosis Code(s): _____

Medication(s): _____

Allergies: _____

PCP Name: _____ PCP Phone #: _____

Guardian Information:

Guardian(s) Name: _____

Guardian Phone #: _____ TSS/DCS Legal Guardian?: ☐ Yes ☐ No

If client is placed outside of legal guardian, please provide caregiver contact information:

Caregiver(s) Name: _____

Caregiver Phone #: _____ Addt'l phone: _____

Referring Provider Information:

Case Manager Name: _____ CM Phone #: _____

Signature: _____ CM Email: _____