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TELEPHONE SCREENING/REFERRAL FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**REFERRAL SOURCE:** Online Telephone book Friend Insurance Company \_\_\_\_\_  
Referral \_\_\_\_\_ Other \_\_\_\_\_

BRIEF STATEMENT OF PROBLEM:

Are you on sick leave or will you need a sick leave: Yes \_\_\_ No \_\_\_

Any legal issues, injury claim or disability: Yes \_\_\_ No \_\_\_

INDIVIDUAL \_\_\_ MARTIAL \_\_\_ FAMILY \_\_\_ OTHER \_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_

\_\_\_\_\_ PHONE: (W) \_\_\_\_\_

BEST TIME TO CALL: \_\_\_\_\_

\_\_\_ EXPLANATION OF FEE SCHEDULE

INSURANCE PLAN: \_\_\_\_\_

INTAKE APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SCHEDULED WITH: \_\_\_\_\_