Provider Referral Form

Vegas Valley Comprehensive Counseling, LLC

4045 Spencer St., Suite A48, Las Vegas, NV
725-202-9340 | Fax 702-209-3599 | info@vvcounseling.com

Please complete this form to refer a client to our clinical team. Fields marked with * are required.

Referring Provider Information

Provider / Clinician Name *

Practice / Organization Name

Phone *

Email *

Fax (optional)

Date of Referral

Client Information

Client Full Name *

Date of Birth *

Client Phone

Client Email

Best Contact Method & Availability

Insurance / Payment

Insurance Provider (or select Self-Pay)

Insurance Member ID

Group Number (if applicable)

Accepted plans: Aetna, BCBS/Anthem Commercial, United Healthcare, Cigna, Curative, Health Plan of Nevada (HPN), Behavioral Healthcare Options (BHO), Sierra Healthcare Options (SHO), Sierra Health and Life (SHL), UMR, Teacher's Health Trust (THT), and Medicare Part B.

Note: EMDR and Brainspotting Intensives are private-pay services and are not covered by insurance.

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Clinical Fit Information

The more context you can share, the faster we can connect the client with the right clinician.

Presenting Concern(s) — check all that apply

- ☐ Trauma / PTSD
- ☐ Anxiety
- ☐ Depression
- ☐ Substance Use
- ☐ Relationship Issues
- ☐ Life Transitions

Other concern (please specify)

Requested Treatment Approach — check all that apply

- ☐ EMDR
- ☐ Brainspotting
- ☐ EMDR/Brainspotting Intensives
- ☐ Ketamine Assisted Psychotherapy (KAP)
- ☐ General Talk Therapy
- ☐ No Preference

Other approach (please specify)

Preferred Clinician Characteristics (optional — gender, language, specialty background, etc.)

Relevant History / Clinical Notes
(prior treatment, trauma history, safety concerns, court involvement, etc.)

Referring Provider Signature

Date