



The Community Lighthouse, Inc.

Academy Clinic

7801 Academy Road NE, Bldg 2, Suite 200

Albuquerque, NM 87109

Tel. 505.273.6300

Fax. 505.265.7860

Referral Form

Patient information

Patient name _____ Date of Birth _____

Parent(s)/Guardian(s) (if applicable) _____

Phone Number _____ Alternate Number _____

What service(s) are you referring for? (circle any that apply)

Therapy

Medication Management

Psychological Testing

BMS Services

Any additional concerns? _____

Axis I Diagnosis (if known): _____

Name of individual making referral _____ Referring Practice _____

Phone number _____

Signature _____ Date _____

Please fax to (505) 265- 7860. Please call us at (505) 273-6300 with any concerns.

Thank you!

Empowering families, children, and professionals to heal trauma for generations to come