



LIFE COAST
COMMUNITY HEALTH CENTER

REFERRAL FORM

Preferred Clinic Location

☐ 605 Enterprise Drive Suite C	Houma, LA 70360	985-360-3755
☐ 504 N Acadia Road	Thibodaux, LA 70301	985-492-6170

Patient Information

Full Name: _____		Phone: _____
Gender: _____	DOB: _____	SSN: _____
Address: _____		
City/State: _____		Email: _____
Insured: ☐ Yes ☐ No	Insurance Carrier: _____	

Referring Agency

Agency Name: _____	Phone: _____
Contact Person: _____	Fax: _____
Email: _____	

Reason for Referral (Check all that apply):

☐ Primary Care Services	☐ Women's Health	☐ Pediatrics
☐ Behavioral Health Medication	☐ Endocrinology	
☐ Behavioral Health Counseling	☐ Dental	
☐ Dermatology	☐ Internal Medicine	

Additional Information and Details Regarding Referral:

Please email referrals to Referrals@lifecoasthealth.com