**REFERRAL FORM**

***Types of Services Requested:* [ ]   *Home Based* [ ]  *Office Based***

**[ ]** *Individual Therapy* **[ ]**  *Family Therapy* **[ ]** *Group Therapy (If available)*

***The following services depend on eligibility:***

**[ ]** *Individual Rehab* **[ ]**  *Group Rehab* **[ ]** *Case Management/Care Coordinator Services*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name:

Parent(s)/Guardian(s):

Address: City, State, Zip:

Finding Directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: / / Age: \_\_\_\_\_\_ SS#: Insurance: \_\_\_\_\_\_\_\_\_\_\_\_

Ins. #: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_­­­­­­­\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_ Sex: **[ ]**  Male **[ ]**  Female Race/Ethnicity:

Presenting Problem(s)/History:

**[ ]**  Anxiety **[ ]**  Aggression- Verbal **[ ]**  CWS/Foster Care

**[ ]** Attention/Concentration **[ ]**  Aggression-physical **[ ]**  Inpatient psych.

**[ ]**  Depression **[ ]**  Neglect **[ ]**  Homicidal Thoughts

**[ ]** Grief and Loss **[ ]** Self-Mutilation **[ ]**  Suicidal Thoughts

**[ ]**  Bi-Polar **[ ]**  Single Parent Family **[ ]**  Physical Abuse

**[ ]**  Defiant/Oppositional **[ ]**  Blended Family **[ ]**  Sexual Abuse

**[ ]**  Hyperactivity **[ ]**  Substance Abuse **[ ]**  Destroying Property

**[ ]**  Learning Disability **[ ]**  Parenting skills

**[ ]**  Autism

**[ ]**  Schizophrenia

**[ ]**  Temper Tantrums/Anger

**[ ]**  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the client aware that they are being referred for services: **[ ]**  Yes **[ ]** No

Does the client have any urgent needs? If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Is the client willing to come to the **office** to expedite the intake process? If yes, please state what day and time best suits the client’s availability for the intake? ***(Allow two hours for the intake process)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anybody in the home smoke? If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any pets in the home? If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the client/family have a preference regarding providers?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the client availability for services? **[ ]**  Days **[ ]**  Evenings **[ ]** Weekends **[ ]** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source Info: (Name, Phone #, **Email address**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If child is in DHS custody, please provide the DHS worker/supervisor contact information: (Name, Phone #, **Email address**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_