



Office use only

Record Number:
Date Received:
Received By:

REFERRAL FORM

Date of Referral: _____ Referred By: _____ Contact Number: _____

Referral Consent	YES	NO
Is the client aware that a referral is being made?		
Has the client agreed to the referral?		

Office Use Only	
Referral Authorization#:	
Date Verified:	
Name of Verifier:	
Verifier Contact Info:	
Appointment Info	
Preferred Day & Time	
Confirmed Day & Time	
Confirmed Appt Address	

Potential Client Details	
Name:	
Preferred Name:	
Complete Address:	
Date of Birth:	Gender: M / F SSN:
Race:	Ethnicity:
Usually initial contact will be made by telephone:	
Preferred contact number: _____	
Can text <input type="checkbox"/> Yes <input type="checkbox"/> No/voice mail <input type="checkbox"/> Yes <input type="checkbox"/> No be left about appointment info?	
Can text <input type="checkbox"/> Yes <input type="checkbox"/> No/voice mail <input type="checkbox"/> Yes <input type="checkbox"/> No be left about services?	
Name of guardian/parent/LAR: _____	
Preferred Contact Number: _____	

Subscriber Information

Insurance Carrier: _____ ID Number: _____ Grp# _____
 Name: _____ DOB: _____ SSN: _____ Relationship to client: _____
 Phone Number: _____ Subscriber Address: _____

Client Risk Assessment:		Give Details Below			
	Yes	No	Thoughts	Plan	Intent
Harm to self					
Harm to others					
Self-mutilation					
Child abuse/neglect					
Family/Partner violence					
Current Area to be Addressed (Check all that apply and give brief details in the box below)				Other issues (Check all that apply)	
Depression	<input type="checkbox"/>	Post-Traumatic Stress Disorder	<input type="checkbox"/>	Food Scarcity	
Anxiety	<input type="checkbox"/>	Stress	<input type="checkbox"/>	Debt	
Panic	<input type="checkbox"/>	Socialization	<input type="checkbox"/>	Employment	
Obsessive Compulsive Disorder	<input type="checkbox"/>	Specific Phobias	<input type="checkbox"/>	Housing	
Grief and Loss	<input type="checkbox"/>	Relationship	<input type="checkbox"/>	Parenting	
Substance Abuse/Addiction				Education/Skills Training	
Other:				Advocacy	