



Referral Form

Please Fax to **575.267.6228** or email to:
heather@nexuscounselingcenter.hush.com

Date: _____

Referral Source: _____

Name/Title: _____

Phone: _____

Requested Services:

_____ In-person

_____ Telehealth

_____ Spanish Speaking Therapist?

Reason for Referral:

_____ Legal Involvement - Charged with: _____

_____ Problem Sexual Behavior-Describe: _____

_____ Physical Aggression _____ Verbal Aggression _____ Academic Issues _____ Anger Issues

_____ Running Away _____ Truancy _____ Family Conflict _____ Negative Peer/Gang Involvement

_____ Depression _____ Suicide _____ Eating Issues _____ Relationship Issues

Status of Living Situation at time of referral: _____ At home with Caregiver _____ Shelter

_____ Detention Center _____ Residential Treatment _____ Other Family Members _____

Other/ Please Explain: _____

Name(s) of Other Family Members to Include (if any):

Name _____ Relationship _____

Name _____ Relationship _____

Client Information:

You may include a client demographic sheet in addition- no need to fill this portion out.

Name: _____ DOB: _____ Age: _____

SSN: _____ Insurance Provider: _____

Member ID #: _____ Group #: _____

Legal Guardian:

Name: _____ Relation to Client: _____

Phone: _____

PLEASE NOTE:

DO WE NEED TO GET BACK WITH REFERRAL SOURCE FOR ANY REASON? _____ Yes _____ No

If yes, a signed authorization to release health information must be included.