

## REFERRAL

### Referrer Info

Referral date: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

### Client Info

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ County: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Email: \_\_\_\_\_ SSN: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Who does client live with?

Why is client being referred?

**Presenting Problems** (check all that apply): ☐ Behavior problems ☐ Truancy ☐ Anxiety ☐ Depression  
☐ Self-harm ☐ Parent-child conflict ☐ Violence/aggression ☐ Drug use ☐ Other: \_\_\_\_\_

### Requested Services

☐ Psychological Evaluation ☐ In-person  
☐ Individual Therapy ☐ Telehealth/virtual  
☐ Family Therapy ☐ Either  
☐ Other: \_\_\_\_\_

### Legal Info

**Client's Legal Guardian(s):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

*For youth not in their parents' custody:*

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Open CPS case?** - ☐ Yes ☐ No

**Open YS case?** - ☐ Yes ☐ No

**Court involvement?** - ☐ Yes ☐ No

**Next court date:** \_\_\_\_\_

*If yes, then please list charges:*

### Insurance Info

**Insurance Name:** \_\_\_\_\_ **Member ID#:** \_\_\_\_\_  
**Policy Holder's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

☐ **Private Pay**