



90 MacCorkle Ave SW, Ste 201, So. Charleston, WV 25303

Phone: (304) 941-6256
Fax: (304) 553-0379
Provider #: 0030217852

REFERRAL

Referrer Info

Referred by: DHHR Self Parent/Guardian Other: (please specify) Phone #: _____

Consumer Info

Consumer Name: _____ Phone #: _____
Address: _____ County: _____
DOB: _____ Age: _____ Gender: _____ SSN: _____
School: _____ Grade: _____

Who does consumer live with?

Why is the consumer 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

Medically Necessary:
Psychological Evaluation
Individual Therapy
Family Therapy
Other: _____

***Socially Necessary:**
CAPS Assessment
Other: _____
* Please attach an ASO letter for these services

Legal Info

Consumer's Legal Guardian(s): _____ Phone #: _____
For youth not in their parents' custody:
Parent Name: _____ Phone #: _____
Parent Name: _____ Phone #: _____

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: _____ Insurance Phone #: _____
Member ID #: _____ Group #: _____
Policy Holder Name: _____ DOB: _____

Private Pay