TRY Family Counseling, Inc. Referral Form

 

**Note: Double click the highlighted areas to type information**

Your Name       Today’s Date

Relationship to the person being referred

Your Phone Number       Best time to call

Name of Person Being Referred       Age      Date of Birth       Gender

Their Phone Number       Address

Name of School the child attends

If a minor, caregiver/parent name

Who does the child live with?       Is there a custody order? [ ]  Y / [ ]  N

Are they in foster care? [ ]  Y / [ ]  N If yes, provide the social worker, foster parent, and juvenile attorney contact information?

Is the person aware of the referral being made? [ ]  Y / [ ]  N

Are they in agreement with trying counseling? [ ]  Y / [ ]  N

 \*If no, please make person aware of this referral before submitting this referral to TRY Family Counseling and submit if they are in agreement with participating in counseling

**Presenting Concerns (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Aggression [ ]  | Impulsive [ ]  | Always tired [ ]  | Worried [ ]  |
| Sadness [ ]  | Scared [ ]  | Defiant [ ]  | Hyperactive [ ]  |
| Inattentive [ ]  | Disruptive [ ]  | Withdrawn [ ]  | Nervous/Anxious [ ]  |
| Lack of motivation [ ]  | Academic performance [ ]  | Dramatic behavior changes [ ]  | Bullying others [ ]  |
| Bullied by other [ ]  | Self-injury (i.e. cutting) [ ]  | Daydreams/fantasizes [ ]  | Anger problems [ ]  |
| Fighting [ ]  | Stealing [ ]  | Suicidal [ ]  | Sexual acting out [ ]  |
| Peer relationships [ ]  | Parent-child relationship difficulties [ ]  | Social skills [ ]  | Family difficulties [ ]  |
| Self esteem [ ]  | Hygiene [ ]  | Lying [ ]  | Grief & loss [ ]  |
| Cries all of the time (not age appropriate) [ ]  | Adjustment Difficulties [ ]  | Identity [ ]  | Isolates [ ]  |
| Internalizes Feelings [ ]  | Explosive [ ]  | Attachment Issues [ ]  | Boundary Issues [ ]  |
| Other Area(s):       |

Please note, if TRY Counseling, Inc. is unable to provide counseling services, a recommendation will be provided for another therapist or counselor that may be better suited to fit their needs.

Is there anything else you’d like to share?

How did you hear about TRY Family Counseling, Inc?

**Thanks for the referral!**

Please submit referral to latashastrawder@TRYcounselingsolutions.com or

Mail referral to 8850 Williamson Dr. #352, Elk Grove, CA 95759

You can also schedule a consultation by going to [www.Trycounselingsolutions.com](http://www.Trycounselingsolutions.com) to discuss via phone.