TRY Family Counseling, Inc. Referral Form

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 _____

Ethnicity _____ Religious Beliefs_____

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, referral being made, and being contacted? (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.

Has the person had counseling before? (Yes/No/Unknown)

If so, when was the last time they were in counseling (month/year)? _____

Presenting Concerns (select 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Inattentive	Disruptive	Withdrawn	Nervous/Anxious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 Family 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?

_____

_____

Thank you 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 to discuss via phone.

Additional referral forms are available under "forms".