

NuMe Counseling & Consulting, LLC

Our mission is to improve the health and well-being of Kiddos affected by TRAUMA throughout Alliance and Cardinal MCOs with Trauma-Focused Cognitive Behavior Therapy (TF CBT) and regular therapy. We also provide outpatient therapy to adults.

CLIENT'S INFORMATION

REFERRAL FORM

**Must complete anything with an asterisk*

*Name:

*DOB:

*Insurance Name & Number:

*Home Address:

*Phone:

*Email address:

*Person Completing Form:

*Date of Referral:

Place of Employment:

PROBLEMS INTERFERRING WITH FUNCTIONING

*Why are you seeking services? What symptoms are you experiencing and for how long?

CLINICAL INFORMATION

- Have you had a clinical assessment in the past year?
 - ◆ If so, what agency completed the assessment?
- What was the diagnose(s)?
 - ◆ Are you currently receiving any treatment?
 - ◆ If so, with who/agency?
- Have you received mental health treatment in the past?
 - ◆ If so, what treatment?
 - ◆ When?
 - ◆ What was the outcome?
- Are you currently on medication?
 - ◆ If so,

Medication	Dose	Regime	Who prescribed it?

MEDICAL INFORMATION

Who is the client's Primary Care Physician (PCP)?

When was the client last appointment with them?

What was the reason for the visit?

When was your last visit to the dentist?

Does the client have any allergies?

Are there any relevant medical issues?

Are there any cultural considerations? none reported

TRAUMA

Has the client in the past/present experienced:

Sexual assault?

Emotional abuse?

Physical abuse?

Community violence?

Domestic violence?

Bereavement?

Any other type of trauma(s)?

ADDITIONAL INFORMATION

How did you learn about NuMe Counseling & Consulting?

Have any State agencies been involved with client? If so, which ones:

What service(s) are you requesting?

Type of Referral Routine Urgent Emergent

Appointment Date & Time _____