



**HISPANIC FAMILY COUNSELING, INC.**  
Orange/Seminole/Osceola  
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## PSR REFERRAL

DATE: \_\_\_\_\_ CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ MEDICAID PROVIDER: \_\_\_\_\_ MEDICAID ID: \_\_\_\_\_

**SELECT FROM THE FOLLOWING CATEGORIES THE NEEDS THAT CLIENT PRESENTS WITH.**

| <b>Emotion Management</b>  | <b>Independent living skills</b>   |
|--|--|
| <p><input type="checkbox"/> Identifying and managing specific emotions.</p> <p><input type="checkbox"/> Learning and practicing self-regulation.</p> <p><input type="checkbox"/> Recognizing and managing emotions.</p> <p><input type="checkbox"/> Identifying triggers.</p> <p><input type="checkbox"/> Learning and utilizing distress tolerance skills:</p> <ul style="list-style-type: none"><li>• Mindfulness</li><li>• Self-expression.</li></ul> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> | <p><input type="checkbox"/> Learning effective time management skills:</p> <ul style="list-style-type: none"><li>• Managing medications</li><li>• Appointments</li><li>• Daily responsibilities.</li></ul> <p><input type="checkbox"/> Learning and applying daily living skills activities:</p> <ul style="list-style-type: none"><li>• Hygiene</li><li>• Grocery shopping and meal preparations</li><li>• Transportation.</li></ul> <p><input type="checkbox"/> Learning Self Care routines.</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> |



|   |   |
|---|---|
| <p style="text-align: center;"><b>Conversational skills</b></p> <p><input type="checkbox"/> Learning and developing non-verbal and verbal communication skills.</p> <p><input type="checkbox"/> Provide effective conversational skills in order to improve communication skills.</p> <p><input type="checkbox"/> Socialization skills.</p> <p><input type="checkbox"/> Building healthy relationships.</p> <p><input type="checkbox"/> Learning how to build self- confidence.</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> | <p style="text-align: center;"><b>Developing mindfulness to increase daily functioning</b></p> <p><input type="checkbox"/> Gaining insight towards the importance of mindfulness.</p> <p><input type="checkbox"/> Using mindfulness to respond better to life's challenges or difficult situations.</p> <p><input type="checkbox"/> Utilizing mindfulness to increase the use of coping skills.</p> <p><input type="checkbox"/> Increasing mindfulness through self-expression.</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> |
| <p style="text-align: center;"><b>Life Focus:</b></p> <p><input type="checkbox"/> Good mental health</p> <p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Social supports</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>   | <p style="text-align: center;"><b>Wellness life skills</b></p> <p><input type="checkbox"/> Physical fitness.</p> <p><input type="checkbox"/> Stress management.</p> <p><input type="checkbox"/> Sleep and rest patterns.</p> <p><input type="checkbox"/> Fit exercises that will improve well-being.</p> <p><input type="checkbox"/> Improving eating habits.</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>   |

**OFFICE USE ONLY:**

**PSR Therapist Assigned** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PSR Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_