

Motivated 4 Change L.L.C.
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Counseling and Mental Health Referral

<p><u>Client Information:</u></p> <p>Client Name: _____</p> <p>DOB _____</p> <p>Phone #: _____</p> <p>Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Email Address: _____</p> <p>What pronoun do you use? (ex: He, She , They): _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p> <p>Race: (check all that apply)</p> <table border="0"><tr><td><input type="checkbox"/> American Indian or Alaska Native</td><td><input type="checkbox"/> Asian</td></tr><tr><td><input type="checkbox"/> Black or African American</td><td><input type="checkbox"/> Hispanic</td></tr><tr><td><input type="checkbox"/> Native Hawaiian or Pacific Islander</td><td><input type="checkbox"/> White</td></tr></table> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Decline</p>	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<p><u>Parent/Guardian Contact Information:</u></p> <p><u>Under 18 years</u></p> <p>Name: _____</p> <p>Email Address: _____</p> <p>Address: _____</p> <p><u>Over 18:</u></p> <p>Emergency Contact (name and phone number): _____</p> <p><u>Primary Care</u></p> <p><u>Physician:</u> _____</p> <p><u>Current</u></p> <p><u>Medication:</u> _____ _____</p> <p><u>Other current</u></p> <p><u>providers:</u> _____</p>
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian						
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic						
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White						
<p><u>Referral Source Contact Information:</u></p> <p>Name: _____</p> <p>Email Address: _____</p> <p>Address: _____ _____</p> <p>Phone #: _____</p>	<p><u>Reason for Referral:</u></p>						