



Next Step Counseling and Education Center Delores White, MA, LPC-S, NCC, CART, LSOTP

Appointment Line: (361) 572-0202 - Fax: (361) 572-0300
www.TxNextStepCounseling.com

Victoria Office
4702 N. Laurent St. Suite D

Luling Office
415 E. Davis St. Suite F & G

Referral Form

Client's Details				Today's Date			
Client's last Name:				Client's First Name:			
Date of Birth:				Gender:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Name of Parent/Guardian:				Address:			
Contact numbers:		Primary:		City/State:		Zip:	
		Secondary:		Email:			
Has the parent/guardian given consent for this referral? (If Minor)				Yes <input type="checkbox"/> No <input type="checkbox"/> If no, the referral cannot be accepted			
School:					Grade:		
Insurance Provider Name:		Insured Name:		Insured Date of Birth:		Policy ID # Group #	
Description of client's presenting complaint(s)/problem(s). Please provide as much information as possible (e.g. psychological/emotional/behavioral/physical/social problems, learning difficulties, developmental issues, play or peer issues, family difficulties, parenting/attachment issues and/or other). <i>Please attach additional information or copies of assessments if available.</i>							
Suicidal risk		Yes <input type="checkbox"/> No <input type="checkbox"/>		Risk of harm from others		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Risk of non-suicidal self-harm		Yes <input type="checkbox"/> No <input type="checkbox"/>		Other safety concerns		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referrer's Details (please add email address)							
Name:				Position:			
Organization name:							
Address:				Postcode:			
Contact details:		Office:			Fax:		
		Email:					

Please attach a copy of the Insured's Insurance Card