

# Smith Learning Services

## REFERRAL FORM

Date \_\_\_\_\_

Client Name \_\_\_\_\_

Parent/Guardian name (if minor): \_\_\_\_\_

Address \_\_\_\_\_

Client Birthdate: \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referral Source \_\_\_\_\_

Preferred days and times for services: \_\_\_\_\_

Do you currently have insurance? ☐ Yes ☐ No If yes, what insurance? \_\_\_\_\_

**\*\*Please answer the questions below.**

How did you learn about us? \_\_\_\_\_

Have you received any prior psychological services or testing? ☐ Yes ☐ No

Are you on any medication? ☐ Yes ☐ No If yes, which ones \_\_\_\_\_

Presenting Concerns:

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History of Presenting Concerns (precipitating factors, etc.):

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Would you like to be considered for a testing scholarship through Kham's Klub inc.? ☐ Yes ☐ No

Smith Learning Services and Kham's Klub Inc. does not and shall not discriminate on the basis of race, color, religion, sex, national origin, disability, age, or genetic information, in any of its activities or operations.

I understand the services that Smith Learning Services, LLC provides and will inform the service provider of any changes in my medical history that are relevant. I understand client booking information includes essential details such as the client's full name, contact information, preferred dates for the booking, and any special accommodations. This information helps ensure that the service provider can tailor services to meet the client's needs and expectations. Accurate and thorough client information is crucial for a seamless and satisfactory experience, both for the client and the service provider. I understand these policies and provide consent for Smith Learning Services to use this information for current and future client services.

Signature (Parent/Guardian) \_\_\_\_\_