



Transition Programs, Inc.

120 East Trinity Place • Decatur, GA 30030

Phone (404) 378-2300 • Fax (404) 378-2394

REFERRAL FORM

If other than self-referral or caregiver referral

REFERRAL SOURCE			Date:
Name:	Agency	Title:	
Phone #:	Fax #:	E-mail Address:	

CLIENT INFORMATION <i>(Confirm correct name spelling and DOB with client and/or guardian.)</i>			<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name:	Last Name:	DOB:		
Social Security #:	Insurance Name and Number:			
Street Address:				Apartment/Unit #:
City:	State:	Zip Code:		
Home Phone:	Cell Phone:	Work Phone:		
Name of School:				

If the client is a minor, please complete the following

CAREGIVER #1 INFORMATION		Relationship to Minor:		
First Name:	Last Name:	DOB:		
Street Address:				Apartment/Unit #:
City:	State:	Zip Code:		
Home Phone:	Cell Phone:	Work Phone:		
CAREGIVER #2 INFORMATION		Relationship to Minor:		
First Name:	Last Name:	DOB:		
Street Address:				Apartment/Unit #:
City:	State:	Zip Code:		
Home Phone:	Cell Phone:	Work Phone:		

Do the caregivers have full custodial rights to make medical and educational decisions for this child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there another parent or caregiver with joint custody we should inform about treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have thoughts of self-harm or of harming others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have an urgent or critical medical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have a safety threat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REASON FOR REFERRAL? OTHER COMMENTS?				
Requested Services:	<input type="checkbox"/> Counseling	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Diagnostic/Assessment	<input type="checkbox"/> Group

****Please note: medication management services are only available for clients receiving counseling services. We are unable to accept referrals for medication management only.**