



120 East Trinity Place • Decatur, GA 30030 Phone (404) 378-2300 • Fax (404) 378-2394

### REFERRAL FORM

<b>REFERRAL SOURCE</b> (if other than self-referral or caregiver referral)			Date:
Name:	Agency	Title:	
Phone #:	Fax #:	E-mail:	

<b>CLIENT INFORMATION</b> (please confirm correct name spelling and DOB with client and/or guardian)			
First Name:	Last Name:	DOB:	
Sex Assigned at Birth	Gender Identity	Sexual Orientation	Pronouns
Other:	Other:	Other:	Other:
Social Security #:	Insurance:	Insurance ID #:	
Street Address:			Apartment/Unit #:
City:		State:	Zip Code:
Home/Cell Phone:	Work Phone:	Email:	
Name of School:			

<b>CAREGIVER #1</b> (if client is a minor)		Relationship to Minor:	
First Name:	Last Name:	DOB:	
Street Address:			Apartment/Unit #:
City:		State:	Zip Code:
Home/Cell Phone:	Work Phone:	Email:	

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

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

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

<b>HOW DID YOU HEAR ABOUT US?</b>	<input type="checkbox"/> Online Search	<input type="checkbox"/> Email from Us	<input type="checkbox"/> Colleague	<input type="checkbox"/> Doctor	<input type="checkbox"/> School	<input type="checkbox"/> Counselor	<input type="checkbox"/> Friend
	<input type="checkbox"/> Facebook	<input type="checkbox"/> Instagram	<input type="checkbox"/> YouTube	<input type="checkbox"/> Twitter	<input type="checkbox"/> Pinterest	<input type="checkbox"/> Other	

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