**Returning Consumer:** [ ]  **Yes** [ ]  **No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Consumer Name:  | Date of Birth:  |
| SS#:  | MA#:  |
| Gender:  | Phone Number:  |
| School/Grade (if applicable):  | Address:  |
| Consumer Availability:  | Preferred Location of Services:  |
| Email Address:  |  |

**\*SOCIAL SECURITY NUMBER MUST BE KNOWN TO PROCESS REFERRAL\***

**Referral Source Information**

|  |  |
| --- | --- |
| Name:  | Agency (if applicable):  |
| Phone Number:  | Email Address:  |

**Parent/Guardian Information:**

|  |  |
| --- | --- |
| Name of Parent/Guardian:  | Relationship:  |
|  Address:  | Contact Number:  |

**\*A LEGAL DOCUMENT MUST BE PRESENTED TO SHOW GUARDIANSHIP\***

**Please answer the following:**

|  |  |
| --- | --- |
| Is the consumer of Hispanic, Latino, or Spanish origin? | ☐ Yes ☐ No ☐ Unavailable  |
| Race:  | ☐ White ☐ Asian ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Native Hawaiian ☐ Other Pacific Islander ☐ Not Available |
| How well does the consumer speak English? | ☐ Well ☐ Not so well ☐ Not at all  |
| Does the consumer speak another language other than English at home?  | ☐ Yes ☐ No  |
| If Yes, what is the language? | ☐ Spanish ☐ Other  |
| Number of arrests in the past 30 days? | ☐ None ☐ 1-99 |
| Is the consumer deaf or do they have hearing difficulty? | ☒ Yes ☐ No ☐ Unknown  |
| Is the consumer blind or do they have serious difficulty seeing, even when they wear glasses?  | ☐ Yes ☐ No ☐ Unknown  |

**REASON FOR REFERRAL:** In your own words, describe the child/adult in need for therapy services. Please describe any behaviors the child/adult is exhibiting. Please specifically note any of the following whether current of a history of: Recent Hospitalizations, Suicide Attempts or Ideation, Self-harm, Violence towards others, Aggression, Domestic Violence, Psychotic Symptoms, Substance Abuse, Behavior Problems, & Mood Related Symptoms.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**