**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.

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