



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		
Name:	Agency	Date:
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 child or adolescent, please complete the following

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

<i>Do the caregivers have full custodial rights to make medical and educational decisions for this child?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Is there another parent or caregiver with joint custody we should inform about treatment?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Does the client have thoughts of self-harm or of harming others?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Does the client have an urgent or critical medical condition?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Does the client have a safety threat?</i>	<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
<div style="font-size: 4em; opacity: 0.1; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;"> COMMENTS </div>

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