



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

REFERRAL FORM

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

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

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

CAREGIVER #2		Relationship to Minor:	Preferred Language:
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

REASON FOR REFERRAL?				
Requested Services:	<input type="checkbox"/> Counseling	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Diagnostic/Assessment	<input type="checkbox"/> Group
	<input type="checkbox"/> Crisis/IFI Service	<input type="checkbox"/> Substance Use	<input type="checkbox"/> EMDR	<input type="checkbox"/> Other:
A brief summary will expedite assignment to a clinician:				

HOW DID YOU HEAR ABOUT US?	Family/Friend	Professionals	Community	Insurance	Online	Social	Outreach
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****Please note: medication management (psychiatric) services are only available for clients receiving counseling services. We are unable to accept referrals for medication management only.**