



Referral Form - Center for Counseling and Wellness

Instructions: Referral form should be completed by referring worker/organization with input from the family. Please complete all fields. If unsure or not applicable, indicate on the form. Email completed referral forms to cdesk@fsnwp.org

Date of Referral:	
Client Name:	Social Security Number:
Date of Birth:	Gender:
Address:	
Phone Number:	Email Address:

Parent/Guardian:	Relationship to Client:	
Home Phone Number:	Can Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Leave Message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone Number:	Can Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Leave Message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who has <u>legal</u> custody (medical decision-making)?		Is there an active court order <input type="checkbox"/> Yes <input type="checkbox"/> No

Referral Source / Program Staff Name:	Phone:	Email Address:
Reason for Referral:		
Additional Information or Requests:		
Services requested:	<input type="checkbox"/> Outpatient Therapy <input type="checkbox"/> Trauma-Focused Therapy <input type="checkbox"/> Psychiatric Services	
Barriers that would affect treatment (i.e. interpreter, transportation, childcare, internet connection):		

Is the client currently receiving medication management? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication(s):	
Prescriber:	
Are there currently any other service providers involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provider name and contact information:	
Current Diagnosis (if available):	Diagnosed by:
Insurance Provider:	

<i>For internal referrals only: Please complete the below information and attach the following documents</i>		
OCY Caseworker:	Email	Phone#:
<input type="checkbox"/> Consent to Treat <input type="checkbox"/> Custody Order <input type="checkbox"/> Release for Caregiver <input type="checkbox"/> Release for Insurance <input type="checkbox"/> Interpreter		