TRUE THAO COUNSELING SERVICES

REFERRAL FORM

Referral Date: ______________________________

Referent's Name: * ______________________________

Referent's Phone Number: * ______________________________

Referent's Email: * ______________________________

Referent's relationship to client: ______________________________

Is there an ROI attached to allow TTCS to update you with care? *

- ☐ Yes
- ☐ No

Client's Name: * ______________________________

First ______________________________

Middle ______________________________

Last ______________________________

Date of Birth: ______________________________

Gender: * ______________________________

Social Security Number (SSN) for insurance verification: * ______________________________

Current Address: * ______________________________

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Client Phone Number: * ______________________________

Primary Insurance: * (We do not take BCBS) ______________________________

ID#: ______________________________

PMI Number: ______________________________

Best time to call? ______________________________

Is it safe to leave a message?

- ☐ Yes
- ☐ No

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If the client is a minor, who has custody of the Client?

- ☐ Parents
- ☐ Legal guardian

Name of Parent(s)/Legal Guardian: * ______________________________

Parent/Guardian Phone Number ______________________________

If Client is a minor, who should the provider schedule with?______________________________

Services Requested (Check all that apply): *

- ☐ Diagnostic Assessment
- ☐ Individual Therapy
- ☐ Couples Therapy
- ☐ Family Therapy
- ☐ School Based Therapy

Primary Concerns (Check all that apply): *

- ☐ Acculturation and adaption issues
- ☐ Aggression and Self-dysregulation
- ☐ Anxiety
- ☐ Depression and suicidal ideation
- ☐ Domestic violence
- ☐ Identity crisis
- ☐ Loss and grief
- ☐ Marital conflict
- ☐ Oppositional Defiant Disorder
- ☐ Parent-child conflict
- ☐ Parenting difficulty
- ☐ Physical health issues
- ☐ Post-traumatic Stress Disorder
- ☐ Relationship issues
- ☐ self-mutilation or self-harm
- ☐ Substance induced issues
- ☐ Other life concerns

Cultural considerations? ______________________________

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Is an interpreter needed?

- ☐ Yes
- ☐ No

Any information you think is relevant for us to know about this referral:

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