



# Referral for Therapeutic Counseling

Email: referrals@pcahabersham.org

Phone: 706-778-3100 ♦ Fax: 706-928-5183

Thriving Families. Nurtured Children.

REFERRED BY:		PHONE:		DATE: / /	
<b>Client's Name:</b>				<b>Client #</b>	
Age	DOB / /	Gender	Race	Ethnicity Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade	School				
<b>CONTACT INFORMATION</b>					
Contact Name				Relationship	
Best contact number				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Can contact be made by text? <input type="checkbox"/> Yes <input type="checkbox"/> No			Can we leave a voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email address			Can paperwork be emailed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			Availability: Sun.-Sat.		
City		State	Zip	County	
Annual Household Income			Insurance Coverage		
<b>BACKGROUND</b>					
Are they, or have they been enrolled in services with the Family Resource Center?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what program?				Date exited services / /	
Was client ever convicted of a crime against a child? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, when? / /	
<b>VICTIMIZATION (Form of Adverse Childhood Experience) - Check all that apply:</b>					
<b>CHILD – Incident occurred in the last 5 years</b>			<b>ADULT – Incident occurred in childhood</b>		
<input type="checkbox"/> Parents divorced/separated	<input type="checkbox"/> Bullying	<input type="checkbox"/> Parents divorced/separated	<input type="checkbox"/> Bullying	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Pornography
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Pornography	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Pornography	<input type="checkbox"/> Parental Substance Abuse	<input type="checkbox"/> Parent Mental Health
<input type="checkbox"/> Parental Substance Abuse	<input type="checkbox"/> Parent Mental Health	<input type="checkbox"/> Parental Substance Abuse	<input type="checkbox"/> Parent Mental Health	<input type="checkbox"/> Traumatic Grief	<input type="checkbox"/> Incarcerated Parent
<input type="checkbox"/> Traumatic Grief	<input type="checkbox"/> Incarcerated Parent	<input type="checkbox"/> Traumatic Grief	<input type="checkbox"/> Incarcerated Parent	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:			
<b>REASON FOR REFERRAL</b>					
Any major concerns (Suicidal ideations cutting etc.):					

Assigned to: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_