



# Referral & InTake Form

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## Client Information

Client Name \_\_\_\_\_ Region \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ Referral Date \_\_\_\_\_

List All Siblings  
(names and ages) \_\_\_\_\_

Client Address  
(if different from parent/guardian address below) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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## Parent/Guardian Information

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Who has custody of the Client? \_\_\_\_\_

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## Referring Case Manager (or Agency) Information

Referring Case Manager Name \_\_\_\_\_

Agency \_\_\_\_\_

Referring Case Manager Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Referring Case Manager Fax Number \_\_\_\_\_ Other Phone \_\_\_\_\_

Referring Case Manger Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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## Service Information

Service Requested \_\_\_\_\_

Service to be Provided to \_\_\_\_\_

Service Authorized From \_\_\_\_\_ Service Authorized To \_\_\_\_\_

Total Hours Authorized \_\_\_\_\_ Hours per Week/Month \_\_\_\_\_

 **Referral & In-Take Form**

Client Name: \_\_\_\_\_

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**Case Details**

Reason for Referral

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**Expectations for Case**

*(issues to be worked on,  
goals, extenuating  
circumstance, etc.)*

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**Psychiatric/Psychological  
Evaluations**

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**Previous  
Treatment/Service  
History, including  
rendering providers**

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**Current Providers**  
*(Please include PCP and any  
mental health providers)*

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**Worker Alerts**  
*(potential or past abuse  
issues, high crime or isolated  
area, residence hard to find,  
weapons in the home, etc.)*

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**Important Court Dates  
Pending**

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**Juvenile Arrest  
Record/Law Enforcement  
Encounters, etc.**

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**School History and  
Progress**

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