



Private Pay Referral and Intake Form

Client Information

Client Name _____ Region PRIVATE

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 _____

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? _____

Referring Case Manager (or Agency) Information *(If applicable)*

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 _____

Does Agency/RCM Need Copies of Reports? _____

Service Information

Service Requested _____

Service to be Provided to _____

OFFICE USE ONLY

Sliding Scale "Application" Received: _____

Hourly Rate: _____ Assessment Rate: _____

Initial Payment Received on: _____ *(this is admit date)*

Review Rate on or by: _____



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Case Details

Reason for Referral

Expectations for Case

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

**Psychiatric/Psychological
Evaluations**

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

Current Providers

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

Worker Alerts

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

**Important Court Dates
Pending**

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

**School History and
Progress**
