

# REFERRAL FORM

Prevail Counseling Group, PLLC

Date:

\_\_\_\_\_

—

Referred by:

\_\_\_\_\_

## CLIENT INFORMATION

Name:

\_\_\_\_\_

First, MI, Last

DOB: \_\_\_\_\_ Male { } or  
Female { }

SSN of Client:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code:

\_\_\_\_\_

Phone – Home:

\_\_\_\_\_

Work:

\_\_\_\_\_

Cell:

\_\_\_\_\_

Preferred Daytime Phone #: H { } W { } C { }  
{ }

Status: Child { } Single { } Married { }  
Separated { } Divorced { } Widowed { }

Is Client in Crisis: { } Yes or { } No

Is Family in Crisis: { } Yes or { } No

Presenting Problem (s) and notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CLIENT A MINOR – Responsible Party or Legal Guardian Information

Name:

\_\_\_\_\_

—

First, MI, Last

Address:

\_\_\_\_\_

—

City, State, Zip Code:

\_\_\_\_\_

Relationship to Client: \_\_\_\_\_ DOB:

\_\_\_\_\_

Phone – Home:

\_\_\_\_\_

Work:

\_\_\_\_\_

Cell:

\_\_\_\_\_

Preferred Daytime Phone Number: H { } W { } C { }  
{ }

Insurance Plan

\_\_\_\_\_

In-Network { } Out-Network { } Effective Date

\_\_\_\_\_

Policyholder:

\_\_\_\_\_

DOB: \_\_\_\_\_ Relationship to Client

\_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_