



Recovery Unlimited, LLC

There is a brighter day on the journey to recovery...
www.recoveryunlimitedllc.com

COUNSELING REFERRAL FORM

Date: _____

Client Name: _____ Birthdate: _____

Age: _____ Grade: _____ School Name: _____

Insurance: _____ Insurance ID# _____

Prior Counseling: _____ If yes, when & where _____

EMAIL : _____

Referred by: _____ Contact info: _____

DFCS or DJJ involvement? _____ Court involvement: _____

INCLUDE: Any court documents, collateral information or any assessment paperwork

Reason(s)	<input type="checkbox"/> Motivation	<input type="checkbox"/> Friendship problems	<input type="checkbox"/> Absences	<input type="checkbox"/> Anger
for	<input type="checkbox"/> Bullying	<input type="checkbox"/> Peer Relationships	<input type="checkbox"/> Tardy	<input type="checkbox"/> Dishonest
Referral:	<input type="checkbox"/> Swearing	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Grief
	<input type="checkbox"/> Divorce	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Stealing	<input type="checkbox"/> Fears
	<input type="checkbox"/> Fighting	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Depression	<input type="checkbox"/> Sadness
	<input type="checkbox"/> Worries	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Drug Use	<input type="checkbox"/> marital
	<input type="checkbox"/> Stressed	<input type="checkbox"/> Lying	<input type="checkbox"/> Destruction of property	<input type="checkbox"/> Oppositional
	<input type="checkbox"/> Suicide	<input type="checkbox"/> sexual abuse	<input type="checkbox"/> neglect	<input type="checkbox"/> self harm
	<input type="checkbox"/> other			

Concerns/Reason for Referral: _____

Client's Strengths/Interests: _____

Parent/Guardian/Contact Person:

Client: _____ Phone # _____

Parent _____ Phone # _____