**Date:\_\_\_\_\_\_\_\_**

**Type of Service Requested** [ ] In-School Counseling [ ]  In-Home Counseling [ ] In-Office Counseling

**Referral Source Information (If not parent/client making referral)**

Person Making Referral: ­­­­­­­­­­­­­\_\_\_\_\_\_\_ \_\_\_\_\_\_\_Relationship/Agency: \_\_

Contact Information-Address: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_ \_\_\_\_\_ Email: \_\_\_\_ \_\_\_

**Client/Family Information**

Client Name: SS#: \_

Address: \_\_ \_\_\_\_\_

DOB:\_\_ \_\_\_ Age: \_\_\_\_ Gender: \_\_\_ Language: [ ] English [ ] Spanish [ ] Creole [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # (home): \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (other): \_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_ \_\_\_ Grade: \_ \_ Education: [ ]  SED [ ]  EH [ ]  SLD [ ]  EMH [ ]  TMH [ ]  VE

**If client is a minor, who has authority to consent to treatment?**

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

Relationship to child: [ ]  Parent [ ]  Relative [ ]  Foster Parent [ ]  Case Manager [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Presenting Issues**

Current Psychotropic Medications [ ] **N** [ ] **Y**

Referral Concerns:

Client Mental Health / Substance Abuse History [ ] **N** [ ] **Y ATTACH CBHA if available:** [ ] **N** [x] **Y**

Currently Receiving Counseling services? [ ] **N** [ ] **Y** If yes, what type and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Clinician Use only***

Client Eligible for Services: [ ] Yes [ ]  No

Level of Need: [ ]  Emergent (Life Threatening) [ ]  Urgent [ ]  Routine [ ]  Court Ordered

History of DV in the Home? [ ] Yes [ ]  No

Are there dog(s) in the home? [ ] Yes [ ]  No

Date Intake Appointment is Offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_