Outpatient Referral Form

Referral Source Information:

Person Making Referral: ____________________ **Date:** ____________________

Referral Organization: ____________________ **Phone #:** ____________________

Case Manager- Contact Person: ____________________ **Email:** ____________________

Client Information:

Client Name: ____________________ **Date of Birth:** ____________________

Parent/Guardian (if applicable): ____________________ **Phone #:** ( ) ____________________

Reason for Referral: ____________________ **Email:** ____________________

Client Referred for: (check one or more boxes below)

☐ **Psychotherapy/Counseling** – *Depression, Anxiety, Substance use, Insomnia, Behavior change (smoking cessation, healthy eating, etc.), Personality disorder, Relationship issues, Stress management, etc.*

☐ **Anger Management program or Domestic Violence program** – learn about anger, effective way to manage – express anger; learn effective ways of communicating emotions – stop aggression and abuse

☐ **Substance Abuse** – *Assessment to determine level of care needed (Outpatient, IOP, PHP, Sub-Acute Detox)*

Please explain: ____________________ (**attach incident/police reports**) **PHQ-9 Score (If available):** ______

Email this form to: aguasconsejerialatino@gmail.com

Please advise referred Client to contact AGUAS staff within two business days (540) 735-6939.

Client's Release of Information: ***I authorize this referral source to share this form with AGUAS-Latino Counseling Services, LLC for the purpose of discussing and scheduling my appointment. An additional release of information will be required to discuss treatment.***

Client signature: ____________________ Date: ____________________

☐ Please check box if Client provided verbal consent.

For AGUAS Use Only

Please fax form back to referral source within 72 hours of request.

Referral Status: ☐ Initial Appointment Scheduled: Date: ____________________

Clinician: ____________________

☐ Client unable/declined (circle) to schedule: ____________________

☐ Not scheduled due to: ____________________

AGUAS staff completing this form: ____________________