



THE PURSUIT OF HAPPINESS

4001 Roseville Blvd. Chattanooga, TN 37407
(423) 355-1646 · FAX (865) 338-5383

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NEW CLIENT REFERRAL FORM

Please fill out all information to the best of your ability regarding the referred client.
This form could take between 15-20 minutes to complete.

Referral Agency

Referral Agency/Agent: _____ Email: _____ Date of Referral: _____

Client Information

Client Name: _____ Date of Birth: _____ SSN: _____ - _____ - _____

Gender: *choose only one*

Male Female Other: _____

Current/last school attended: _____ Current or Last Grade Level Completed: _____

Race: *choose only one*

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Other

Ethnicity: *choose only one*

Hispanic or Latino Not Hispanic or Latino

Parent/Guardian Information

Parent/Guardian Name: _____ Phone: _____

Email: _____ Address: _____

Emergency Contact

Emergency Contact: _____ Emergency Phone: _____

Relationship to Client: _____

Insurance

Primary Care Physician: _____ Insurance Company: _____

Policy #: _____

Please attach a copy of Insurance Card (front & back)

Medications

Please list all past & current medications:



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Clinical Needs and Concerns

Reason for referral/concerns? *(Describe presenting problems and impact on daily life)*

Mental Health Diagnosis: _____

Current Symptoms: *(Include frequency, severity, and duration)*

Previous Mental Health Services and Counseling: *(Include type of service, provider/counselor name, location, and duration)*

History of School-based Counseling: *(Months of Services)*

Family Instability Factors: *(e.g. frequent moves, parental separation, conflict, etc.)*

High-risk Behaviors: *(Provide specific examples and potential consequences)*

Risk of Out-Of-Home Placement

Is there a current threat of removal from home? Yes No

If yes, please explain the reason(s): *(e.g. parental neglect, abuse, legal trouble, etc.)*

Level of risk identified by DCS or Juvenile Justice system and reason:

Previous Social Worker: _____

Phone: _____

Probation Officer: _____

Phone: _____