



Consumer Referral Form

Thank you for considering Family360, Inc. as your mental and behavioral health provider. Please complete our Referral Form with as much available information to expedite processing time. Should you require assistance, please contact our offices at (678) 571-1197. Once complete, feel free to email completed form to our secure email at admin@family360center.com or fax to (678) 806-4876. Be sure to visit us on the web at www.family360center.com for more information.

Date of Referral	
Referring Party	
Referring Parties Phone Number	
Services Being Requested	<input type="checkbox"/> Intensive Family Intervention <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Family Counseling <input type="checkbox"/> Family Training <input type="checkbox"/> Skills Building <input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Other:

Referral Accompanied By:

- Psychological Evaluation
- Psychiatric Evaluation
- Collateral Information

Referred Client's Behavioral/Mental Health History:

- Previous Inpatient Treatment
- Previous Outpatient Treatment
- Private Counseling/Treatment
- No Previous Treatment

Client's Information

Client's Name			
Client's DOB		Client's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Client's Race		Marital Status	
Medicaid Number		SSN (optional)	
Current Medications and Dosage			
School			
Grade		Accommodations	<input type="checkbox"/> IEP <input type="checkbox"/> Special Education <input type="checkbox"/> Other
Phone Number <small>(client/parent)</small>		Email Address <small>(client/parent)</small>	
Home Address			
Parent/Guardian Name			

Presenting Concerns and Behaviors

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Other Involvement

- Specialty (IFI/ACT) CORE Private Counseling Psychiatric Services
- Psychological Services DFCS DJJ CASA Community-Service Board