

Access to Counseling - Referral for Services

3033 NW 63rd Street, Suite 100, Oklahoma City, OK 73116

Phone (405) 242-2242, Fax (888) 688-7013, www.access2counseling.com

Person Referred's Identifying Information			
Client's Name	Birthdate	Age	Gender
Client's Address	SoonerCare ID Number		Ethnicity
City/State/Zip	Parent/Guardian Name (under 18)		
Contact Phone Number	Alternate Phone Number		

Presenting Problems/Needs

Summary of person referred's needs:

Home-Based Office-Based Individual Therapy Family Therapy Case Management BH Rehab

Substance abuse or other addiction?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe: <input type="checkbox"/> Current <input type="checkbox"/> Past
Suicidal/homicidal ideations, or unaddressed physical health needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe: <input type="checkbox"/> Current <input type="checkbox"/> Past
Are any referrals out needed for?	<input type="checkbox"/> N/A <input type="checkbox"/> Testing <input type="checkbox"/> Medications <input type="checkbox"/> Other:
History of trauma?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Scheduling, counselor, etc. preferences?	

Person Making Referral

Name	Agency or Organization (if applicable)
Phone Number	E-Mail Address (if applicable)

FOR OFFICE USE ONLY BELOW THIS LINE

Eligibility verified for: _____ (month), _____ (year) by _____ (initials) Printout Attached

Intake Clinician: _____, Date of Intake (if known): _____

Urgent Needs Addressed (if any): _____

PreDx: _____, Approved by: _____