

Personal Growth Counseling LLC.



Date of Referral: _____

Referring Agency: _____

Referral Phone: _____

Referral Fax: _____

Client's First Name: _____ Last Name: _____

Client's Address: _____

Current Placement: Home Foster Home Group Home Other (specify) _____

Date of Birth: _____ Age: _____ Sex: _____

Phone Number: _____ Other number to be reached at: _____

Mother's Name: _____

Father's Name: _____

Social Security #: _____

Medicaid #: _____

Reason for Referral/ Presenting Problem:

Treatment/Medication History:

I have had the opportunity to review the office policy and contract, including confidentiality and authorize Personal Growth Counseling LLC to provide therapeutic services for the above named client.

Signature of client or legal guardian