YOUTH AND FAMILY
BEHAVIORAL HEALTH CENTER, INC.
A ROUTE TO HOPE

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Fort Pierce, FL 34947

Referral Form

Recipient Demographic

Name: _____

Date Of Birth: _____

Gender: _____

Address: _____

Referral Phone: _____ **Fax:** _____

Email: _____

Agency/organization or individual: _____

Date of Referral: _____

Referred by: _____

Insurance ID: _____ Insurance Company: _____ ☐ No Insurance

Parent/legal Guardian Information

Guardian's Name: _____

Address: _____

Phone number: _____

Language other than English: _____

Living Arrangement: ☐ Living with parent(s) ☐ In foster home ☐ Living with relatives

Other_____

Services Requested

☐ Biopsychosocial Evaluation ☐ Individual/ Family Counseling

☐ Marriage/couple counseling ☐ Group Therapy ☐ Social support groups

☐ TBOS therapy ☐ Addiction counseling ☐ Psychiatric Evaluation

☐ Medication Management ☐ Targeted Case Management services

Other _____

Reasons For Referral:

At **YOUTH & FAMILY BEHAVIORAL HEALTH CENTER, INC**. we make it a non-negotiable obligation to keep confidential the privacy of our clients and treat them with respect. Therefore, all information from this document should be kept confidential. Failure to maintain confidentiality regarding this document could result in legal action.

Signature _____ Date _____