

CORE TREATMENT SERVICES INCORPORATED

REFERRAL FOR SERVICES

Date: _____ Client Name: _____

Client Phone #: _____ Client DOB: _____

Referring Agency Name: _____

Referring Individual Name & Phone #: _____

Reason for Referral/Brief history: _____

Has client signed a Release of Information form for Referring Agency & CORE? Y N
Please attach signed ROI.

Insurance or funding source: _____

Client in CCS? Y N

Client under Ch. 51 or Ch. 55? Y N

OFFICE USE ONLY

Assessment Date & Time: _____

Counselor Assigned: _____