



THE COUNSELING CENTER

P.O. BOX 1886
ALAMOGORDO, NEW MEXICO 88311-1886
(575) 488-2500

Client Referral for Services

Referred Clients Name _____ Date of referral _____

Date of Birth _____ Social Security# _____

Address _____

Home Phone # _____ Cell# _____

Other Community or school services client is receiving (JPPO, APO, JCCP) _____

Client's Primary Care Provider _____

List all medications client is taking and the provider that prescribes them _____

Client Insurance _____

Parent/Guardian Name _____ Is the parent/

Guardian aware of this referral _____? Who has legal custody of the patient? _____

Presenting problems _____

Client needs to be seen within: () 24 hours () 48 hours () one week

Referred to: _____ for _____

Referred by: _____ Telephone # _____

Relationship to Client? _____