

Family Options Counseling, LLC  
*New Directions*  
*Support for Young Women*  
Referral Form

*Please complete form entirely. Please do not refer reader to other documents.*

Referral Person and number: \_\_\_\_\_

Youth: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Current address (include zip): \_\_\_\_\_

\_\_\_\_\_ Phone number: \_\_\_\_\_

Caretaker's name: \_\_\_\_\_

Guardian's name(s): \_\_\_\_\_

Guardian's Email Address: \_\_\_\_\_

Guardian's number: \_\_\_\_\_

Guardian's address: \_\_\_\_\_

Wrap or case worker: \_\_\_\_\_

Worker's Email Address: \_\_\_\_\_

Worker's phone number: \_\_\_\_\_

Worker's address: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

P.O. Phone Number: \_\_\_\_\_

P.O. Address: \_\_\_\_\_

Asst. District Attorney: \_\_\_\_\_

Type of payment: \_\_\_\_\_

Probation expiration date: \_\_\_\_\_

Adults involved in parent sessions: \_\_\_\_\_

**Note:** The referring person must be responsible for transporting or arranging reliable transportation for the youth to attend the sessions. Please contact Kimberly Young, PhD to set up an initial interview for a youth. You may send this referral form to Kimberly Young, PhD.

**Contact information:**

**Email:** [kyoung@familyoptions.com](mailto:kyoung@familyoptions.com)

**Phone:** 414-431-4444

**Fax:** 414-431-0858

Description of Previous Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Diagnoses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medication: \_\_\_\_\_  
\_\_\_\_\_

Reason for Referral to New Directions Program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief History of Problematic Behaviors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Family, Social, Emotional, and Academic History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_