**Family Options Counseling, LLC**

***CHOICES***

General Referral Form

Referral Person:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Gender:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Email Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Lives with:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian(s):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency phone number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Payment:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the reason for making this referral:

Additional Information:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***After completing this form, please fax it to Kristy White at 414-431-0858.***

 ***You may also contact her at 414-431-4444 extension 113.***