

**SERVICES REQUESTED:**

Office-Based: Individual/Family     MST     ASSESSMENT ONLY

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**REASON FOR REFERRAL**

Legal Involvement. Charged with: \_\_\_\_\_

Problem Sexual Behavior. Brief description: \_\_\_\_\_

Physical Aggression     Verbal Aggression     Academic Issues     Substance Use/Abuse

Running Away     Family Conflict Negative     Negative Peer/Gang Involvement

OTHER  Describe \_\_\_\_\_

Do we need to get back with referral source for any reason: NO  YES  If YES: a signed *Authorization to Release Health Information* **MUST** be included in order to contact referral source.

**CLIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

SS#: \_\_\_\_\_ Spanish Speaking Therapist Required: YES  NO

Client's Legal Guardian's Name: \_\_\_\_\_

Relation to client: \_\_\_\_\_ Telephone#: \_\_\_\_\_

If legal or CYFD Involvement, FACTS #: \_\_\_\_\_

**STATUS OF LIVING SITUATION AT TIME OF REFERRAL:**

At Home With Caregiver     Living With Other Family Members

In Detention     In Residential Treatment     In TFC     In Shelter

**PAYMENT INFORMATION**

Client is legal US Resident: Yes  No

Client has Medicaid: Yes  No  IF YES: Medicaid #: \_\_\_\_\_

Centennial Healthcare#: \_\_\_\_\_ Recertification Date: \_\_\_\_\_

**FOR INTERNAL USE**

Forwarded Via Facsimile to:

**MST Referral-Attention:**  
Kevin Moeller, Rio Arriba MST Supervisor  
Phone: (505) 750-0558  
kmoeller@swfamily.com  
  
Lauren Hunter, Santa Fe MST Supervisor  
Phone: (619) 997-9637  
lhunter@swfamily.com

**Office Based Therapy Referral:**  
Carlotta Saiz, LPCC  
Site Supervisor & Intake Coordinator  
Phone: 505-310-4764 Fax: 505-467-8338  
Email: csaiz@swfamily.com