

# Nurture of Alabama, L.L.C

Person Completing Form:

## Referral Form for Mental Health Services

### Client Information:

Name:
Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School & Grade (if applicable):
Services Requested: <input type="checkbox"/> Group Therapy <input type="checkbox"/> Individual Therapy
Service Location: <input type="checkbox"/> Downtown Office <input type="checkbox"/> Virtual <input type="checkbox"/> School (if applicable)
Phone #:
Message OK? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:
Briefly describe your reason for seeking counseling?
How did you hear about Nurture of Alabama, LLC.?

### Parent or Legal Guardian Information (if applicable):

Name of Parent or Legal Guardian:
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Phone #:
Message OK? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:

**Client Mental Health Information:**

Current Medication & Dosage Current	DSM-IV Diagnosis

**Additional Comments:**

**Has the child/adult been in counseling before?:**

**Availability:**