



Brothers Counseling Agency — Referral Form

A. REFERRAL SOURCE INFORMATION

- Referring Individual Name: _____
- Credentials/Title: _____
- Organization (if applicable): _____
- Phone: _____ Email: _____
- Best way to contact you: Phone Email
- May we contact you if needed to coordinate care? Yes No

B. CLIENT INFORMATION

- Client Full Name: _____
- DOB: _____ Age: _____
- Phone: _____ Email: _____
- Address: _____
- Preferred contact method: Call Text Email
- Preferred language: _____
- Emergency Contact Name & Phone: _____

C. REASON FOR REFERRAL (Check all that apply)

- Anxiety
- Depression
- Trauma/PTSD
- Grief/Loss
- Stress/Burnout
- Couples/Marriage Counseling
- Family Counseling
- Parenting Support
- Faith-integrated Counseling
- Substance Use
- Anger/Irritability
- Life Transitions
- School/Work Issues
- Relationship/Attachment Concerns
- Other: _____

brotherscounselingllc.com

(505) 633-0344

michael@brotherscounselingllc.com



D. PRESENTING CONCERNS (Brief summary)

E. CLINICAL / SAFETY SCREENING

Are any safety concerns present now?

- Suicidal thoughts: No Yes Unknown
- Self-harm history: No Yes Unknown
- Homicidal thoughts: No Yes Unknown
- Recent hospitalization: No Yes Unknown
- Current substance use concerns: No Yes Unknown

If YES to any safety concerns, please explain & include what actions have been taken:

F. SERVICES REQUESTED

- Individual Therapy
- Couples Therapy
- Family Therapy
- Assessment/Consultation
- Crisis/High-Risk Assessment
- Group Therapy
- Workshop/Training Request
- Other: _____

G. INSURANCE / PAYMENT (optional)

- Insurance Provider: _____
- Member ID (if known): _____
- Private Pay: Yes No Unsure

H. RELEASE OF INFORMATION (optional)

Has client consented for two-way communication? Yes No



If yes, attach ROI or confirm how consent was obtained:

I. SUBMISSION

- Referral submitted by: _____
- Date: _____

Submit by:

- Secure email: _____
- Fax: _____
- Phone: _____