



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: _____

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: _____