

**REFERRAL FORM**

Referral Date: \_\_\_\_\_

TO: Name and Address of Receiving Agency or Person

FROM: Name and Address of Person or Referring Agency

Client's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Sex: (M)\_\_\_ (F) \_\_

DIRECTIONS TO HOME: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Spouse / Parent / Guardian

Marital Status: S M W D Sep. Unk.

REASON FOR REFERRAL:

RETURN RESPONSE REQUESTED

\_\_\_\_\_  
Signature / Title

Signature signifies receipt / knowledge of this referral and authorizes the referring agency to release information necessary for its completion, and the referring agency is released from all legal responsibility that may arise from this act.

\_\_\_\_\_  
Signature of Client / Parent /Guardian

FINDINGS AND SERVICES RENDERED:

- 1) White – Receiving Agency
- 2) Yellow – Receiving Agency Response
- 3) Pink – Client Record

\_\_\_\_\_  
Signature / Title

\_\_\_\_\_  
Date

Note: Instructions (L-29a) for use of Referral Form should accompany the document.



## REFERRAL FORM

### INSTRUCTIONS

The referral form assists in relaying correct and pertinent information to the person or agency receiving the referral. It may be mailed or hand carried by the client. When the form is returned, it should be placed in the client's record.

**RECEIVING / REFERRING AGENCIES:** The name and address of both agencies should be completed to allow communication if additional communication is necessary and to return a completed referral. If the referral is to a physician and the client is not able to name the physician who will be seen, this space may be completed M.D. / D. O.

**IDENTIFYING INFORMATION:** The section concerning patient information should be as complete as possible. This section will assist the receiving agency to locate the client.

**REASON FOR REFERRAL:** This section should contain information which is relevant to the referral. It may contain an assessment with request for further evaluation, or a request for intervention by a physician, hospital, or other agency involved with the client. Other information pertinent to the referral, such as family history or involvement with other agencies, may also be included.

**FINDINGS / SERVICES RENDERED:** This final section provided the receiving agency the vehicle with which to transmit information back to originator of referral. Form may be mailed or carried by the client.