**Phone: 717-650-6583**

 **Fax: 717-793-2165**

**4150 West Market Street York, PA 17408**

**REFERRAL FORM Fax to (717) 793-2165**

**or email to** **PACcenterofhealingandwellness@gmail.com**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

() Biological Family () Resource Family () Other; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_

 **Current Contact Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

() Biological Family () Resource Family () Other; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Language**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsible Party:** (custody)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

() Biological Family () Resource Family () Other; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_

\* If there a current custody orders, it must be brought to first visit.

**Financial Provider**: () Medical Assistance Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

() Private Specify: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ () Out of Pocket

**Services Interested In:** (check) () Individual Therapy () Family Therapy

**Current Services:** ()Family Based ()Partial ()IBHS ()Psychiatry () Case management

 ()Other; specify:\_\_\_\_\_\_\_\_\_\_

**Presenting Symptoms:**

**Medications:** \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School information:** **Name: Address: Phone:**

**Name of Person Submitting**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency (If applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a therapist preference**? \_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Male \_\_\_\_\_\_Female

\* Staff will try to match preference but it is not always guaranteed.

Any accommodations staff should be aware of? \_\_\_\_Yes Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred days/times to schedule:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A Staff member will be contacting you soon! We look forward to working with you!**