



PATHWAY TO HOPE COUNSELING SERVICES, INC.
 1341 West Hill Avenue PO Box 3561
 Valdosta GA 31601 Valdosta GA 31604
 Office: (229) 249-7730 Fax: 1-866-484-8285 contactus@pathwaytohopecounseling.com

Intake Referral Form

Please Print Clearly

Date of Referral: _____

Consumer Information:

Consumer Name: _____

Type: Peachstate Amerigroup Wellcare Reg Medicaid - Medicaid# _____

Date of Birth: _____ Age: _____ SS# _____ Grade Level _____

Gender: (Please Check) Male Female Race: _____

Consumer's Address: _____

City _____ State _____ Zip _____

Home Phone#: _____ Cell #: _____ Work #: _____

Parent/Guardian: _____

What Other Services Sought:

- Has the child had other services (e.g. Community Support Individual-CSI, Individual and /or Family Counseling)? Yes No Not Sure
- Does the child have a known Serious Emotional Disturbance and/ or Substance Abuse issue/diagnosis? Yes or No Not Sure
- Are child and/or family issues in need of intensive, coordinated clinical and supportive intervention? Yes No
- Is the child at immediate risk of out of home placement or is currently in out of home placement and re-unification is imminent? Yes or No
- Has Psychological/Psychiatric Evaluation been completed? Yes No **If yes, please attach**

Admission Status (Please Print)

Name & Title of Person making referral: _____

Agency: _____ **Court Mandated?** Yes or No **County:** _____

Phone # of person making referral: _____ **Fax number:** _____

Service (s) Requested (Please Check)

- CORE-Medicaid Program (Indiv/Family Therapy; Therapy for Substance Abuse (SA); CSI - Life Skills)
 Intensive Family Intervention Other _____

Presenting Problem:

(List problem behaviors; include any medications for emotional and/ or behavior problems)

For Company Use Only:

Receipt Date: _____ **Insurance Active** Yes No **Medicaid Plan:** _____

Assigned to: _____ **Date Assigned:** _____

Assessment Completion Date: _____ **Consumer Approved?** Yes No

If not approved, why? _____

If approved, approval date? _____ **Ref #** _____