



Pathway to Hope Counseling Services, Inc.

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Adult Intake Referral Form

Consumer Information:

Consumer's Name:		Date of Referral:	
Type of Insurance:	<input type="checkbox"/> Amerigroup	<input type="checkbox"/> CareSource	<input type="checkbox"/> Medicaid
	<input type="checkbox"/> Peachstate	<input type="checkbox"/> Wellcare	
Medicaid ID #:	Date of Birth:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
SS#:	Age:		
	Race:		
Ethnicity:	<input type="checkbox"/> Hispanic/Latino		
	<input type="checkbox"/> Non-Hispanic/Latino		
Consumer's Physical Address:			
City:	State:	Zip Code:	
Home Phone #:	Cell #:	Work #:	
Parent/Guardian (if applicable):			

What Other Services Sought:

1. Has the client had other services (e.g., Community Support Individual – CSI, Individual and/or Family Counseling)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
2. Does the client have a known Serious Emotional Disturbance and/or Substance Abuse Issue/Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
3. Are client &/or family issues in need of intensive, coordinated clinical and supportive intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the client have stable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has Psychological/Psychiatric Evaluation been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach.</i>
6. Does client present with autistic behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how severe?</i> <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Referral Information:

Name & Title of Person Making Referral:	
Agency:	Court Mandated? <input type="checkbox"/> Yes <input type="checkbox"/> No County:
Phone # of person making referral:	Fax #:
Email of person making referral:	

Service(s) Requested:

<input type="checkbox"/> CORE-Medicaid Program (Individual/Family Therapy; Therapy for Substance Abuse (SA); Life Skills, Case Management)
<input type="checkbox"/> Intensive Family Intervention <input type="checkbox"/> Other

Presenting Problem:

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