



147 Main Street
Clay, WV 25043
Thursdays 8:00 AM-4:00 PM

PH: (304) 205-4117
FAX: (304) 205-4118

4626 Pennsylvania Ave
Charleston, WV 25302
M-TH 8:30 AM-4:30 PM

INSPIRING HORIZONS REFERRAL FORM

REFERRAL SOURCE: _____ REFERRAL SOURCE PHONE: _____

CLIENT INFORMATION

PATIENT NAME: _____ DOB: _____ AGE: _____

PH: _____ CELL: _____

CONTACT NAME OR GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____

PRIMARY INSURANCE: _____ SECONDARY INSURANCE: _____

REASON FOR REFERRAL (PRESENTING SYMPTOMS/PROBLEMS/DX HISTORY & CURRENT DIAGNOSTIC INFORMATION): _____

PLEASE CIRCLE AREAS OF CONCERN OR LIST DX HISTORY (circle all that apply)

Anxiety Depression Truancy ODD Substance Use/Abuse Alcoholism Abuse/Neglect ADHD Behavioral Problems Aggressive Behaviors Youth Service APS Case CPS Case Bipolar Grief Disorder Eating Disorder Trauma Personality Disorder Adjustment Disorder/difficulties

Autism Spectrum Disorder Court-Ordered Mental Health Treatment Insurance Private Pay

Other: _____

Office Use Only

INTAKE Scheduled: _____

Client Refused Services: _____

Follow Up 1: _____

Follow Up 2: _____

Follow Up 3: _____