



# Access to Counseling Services

3035 NW 63rd St., Suite #200  
Oklahoma City, OK 73116  
Phone (405) 242-2242  
Fax (405) 286-1730  
www.access2counseling.com

## Referral for Services

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

### Potential Participant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Apt/Suite: \_\_\_\_\_ Medicaid#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SSN: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Presenting Problems/Needs:** \_\_\_\_\_

**Substance Abuse?** Y N Current? If yes, list drug(s) of choice (including alcohol) and refer to an appropriately credentialed substance abuse clinician: \_\_\_\_\_

**Urgent mental (suicidal/homicidal) or unaddressed physical health needs?** Y N If yes, describe: \_\_\_\_\_

**AF-CBT Assessment:** Trauma? Y N Negative Parenting? Y N Corporal Punishment? Y N  
**If applicable** – Foster Care placement date: \_\_\_\_\_ # of placements: \_\_\_\_\_ DHS Case #: \_\_\_\_\_

**Potential participant's availability for scheduling:** \_\_\_\_\_

### Parent Guardian Foster Parent Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Apt/Suite: \_\_\_\_\_ Medicaid#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SSN: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Case Worker/Manager/Referral Source Information

Name: \_\_\_\_\_ Agency/Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

#### For Office Use Only

Eligibility verified: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Checked by: \_\_\_\_\_ Printout Attached  
Intake Clinician: \_\_\_\_\_ Date: \_\_\_\_\_ Notified by: \_\_\_\_\_  
Treating Clinician: \_\_\_\_\_ Date: \_\_\_\_\_ Notified by: \_\_\_\_\_  
Notes: \_\_\_\_\_

Urgent Needs addressed by A2C personnel: \_\_\_\_\_

**PreDx:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_