



240-292-9322 (p)
888-551-5262 (f)

1050 17th Street NW, Suite 1000
Washington DC 20036

600 Cameron Street, Suite 205
Alexandria, VA 22314

Referral Form for Mental Health Services

Client Information

Name:	Date of Birth:	Race/Ethnicity:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
CONTACT NUMBERS:		Message ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS:		

Parent or Legal Guardian Information:

Name of Parent or Legal Guardian:	Address:
Contact Numbers:	

Payment Information:

Type of Insurance	GROUP#
Insurance ID#	Phone #

Referral Source Information: Complete this section so we can contact you after the referral is made.

Name	Mailing Address
Phone#	Email address
How did you hear about Ince Counseling?	

Child/Adult Mental Health Information:

Current Mental Health Symptoms:	Not Present	Mild	Moderate	Severe
Hallucinations (describe)				
Delusions				
Thought disorder				
Bizarre (psychotic) behavior (describe below)				
Anxiety / Nervousness				
Obsessive / compulsive				
Phobias / fears				
Depressed mood				
Mood swings				

Sleep disturbance				
Irritability				
Anger / temper tantrums				
Hyperactivity				
Attention deficit				
Eating problems				
Elimination problems				
Oppositional / defiant to those in authority				
Antisocial / delinquent behavior / conduct disorder				
Over sexualized behavior				
Somatic complaints with no known medical cause				
Attachment disorder (explain below)				
Other (explain)				

Reason for referral for treatment: In your own words, describe the child/adult in need for mental health services. Please describe specific behaviors the child/adult is exhibiting.

Additional Comments _____

Recent evaluation in the last 6 months: Yes No

If yes, when was recent evaluation? _____

If yes, where did you receive recent evaluation? _____

What office would you like to receive services? DC VA

*****Release of Information: Referring party should make sure to have patient complete "release of information" form. Please send copy of release of information, along with discharge summary, and or recent psychological/psychiatric evaluation with this referral form.**