



## REFERRAL FORM/FORMA DE REFERENCIA

Name:

Date:

Age:

Ethnicity:

Referral Source:

Taken By:

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### Primary Reason for Referral:

**Family:** Whom does the client live with? How are the relationships?

**Academics:** What school does the client attend? Grade? Motivated to attend?

**Social:** What are the client's strengths or interests? Does client have friends? Do they get along with others? Do they isolate themselves? Have they ever been incarcerated? Are they on probation?

**Substance (Mis)Use:** What drug is the client currently using? Do they feel a need to stop? What have they tried before?

**Counseling/Therapy History:** Has the client been in counseling or therapy? When? How would they benefit from counseling at HU?

### Contact Info & Availability:

### Horizons Staff Follow-Up Notes:

*All participants are required to attend one weekly individual counseling and one weekly group session.  
Todos los participantes seran requeridos de asistir a una session individual y de grupo por semana.*