

## **REFERRAL FORM**

[ ] Standard Mental Health Assessment	t and Counseling		
[ ] Standard Substance Abuse Assessme	ent and Counseling		
[ ] No-Cost Rapid Substance Abuse Ass	essment with Recommendations		
[ ] Drug screen			
[ ] Comprehensive Mental Health Evalu	ation (Court & DCBS)		
[ ] Co-parenting Counseling	[ ] Couples Counseling	[ ] Couples Counseling (Marriage/Premarital)	
[ ] Family Counseling	[ ] Mediation	[ ] Mediation	
[ ] DUI Services	[ ] Collaborative Divorce Coach		
[ ] Marijuana Expungement Class	[ ] Targeted Case Mana	[ ] Targeted Case Management	
CLIENT:			
Name	Age	Insurance	
Contact Person: Name	Phone Number	Polationship to Client	
Name	Phone Number	Relationship to Client	
[ ] Client to initiate contact	[] Wilson Counseling to initiate contact		
Specific Clinician Request:			
Referral made by:			
Name	Organiz	zation	
Email & Phone:			
For staff use: Clinician Assigned		_	
Voice 270-904-1072		Fax 270-904-1073	
1312 Westen Street		252 N. Main Street	
Bowling Green, KY 42104		Russellville, KY 42276	

## www.wilsoncounselingllc.com