



## Emerge Counseling and Wellness Center L.L.C. Referral Form

Thank you for choosing EmERGE Counseling and Wellness Center! To receive treatment, please complete this referral form and you will receive a response soon!

Email:

Date:

Referral Source:

Referral Source Email:

Referral Source Phone Number:

Referral Source Address:

Client Last Name:

Client First Name:

Client Date of Birth:

Client Gender:

Client MA Number:

Client Email:

Primary Care Provider (PCP):

Are you Hispanic or Latino?

Regardless of your answer to the prior question, please indicate how you identify your race:

Client Primary Language:

Custodian Last Name:

Custodian First Name:

Relationship:

Address:

Zip Code:

Home, Work, or Mobile Number:

Client School Name:

Reason for Referral:

Court Order Obtained? (If legal custody has been determined by the courts, we are required by Maryland Law to obtain a copy of the court order, including CINA (FC) orders and legal custody held by relatives):

Additional Comments: