AGUAS

Latino Counseling Services, LLC

OUTPATIENT REFERRAL FORM

For courts, probation/pretrial, attorneys, social services, schools, health care providers and community agencies

REFERRAL SOURCE INFORMATION

Person Making Referral: _____	**Date:** _____
Referral Organization / Agency: _____	**Phone:** _____
Case Manager / Contact Person: _____	**Email:** _____

CLIENT INFORMATION

Client Name: _____	**Date of Birth:** _____
Address: _____	**Phone:** _____
Email: _____	**Preferred Contact Method:** _____
Parent/Guardian (if applicable): _____	**Parent/Guardian Phone:** _____

Preferred Language: ☐ Spanish ☐ English

CLIENT REFERRED FOR - CHECK ALL THAT APPLY

☐ Anger Management Program	☐ Domestic Violence / Healthy Relationships Program
☐ Individual Counseling / Psychotherapy	☐ Substance Use Evaluation / Counseling
☐ Assessment / Evaluation	☐ Other: _____

REFERRAL REASON / IMPORTANT INFORMATION

Reason for Referral / Presenting Concern / Additional Information:

_____

_____

Court / Agency Requirements, Program Length, Deadline, Next Court Date, or Reporting Needs:

_____

_____

REQUESTED COMMUNICATION FROM AGUAS

☐ Appointment / Enrollment Verification ☐ Assessment Recommendation / Service Plan ☐ Attendance / Progress Updates

☐ Completion Verification ☐ Non-Compliance Notification ☐ Other: _____

CLIENT PERMISSION FOR REFERRAL

English: I authorize the referral source listed above to share the information on this form with AGUAS Latino Counseling Services, LLC for referral, intake coordination, and scheduling. I understand that a separate written Authorization to Release Information may be required before AGUAS releases assessment, attendance, progress, completion, or other clinical information to the referral source.

Español: Autorizo a la fuente de referencia indicada arriba a compartir la información de este formulario con AGUAS Latino Counseling Services, LLC para el referido, la coordinación de admisión y la programación de citas. Entiendo que puede requerirse una Autorización para Divulgar Información por separado antes de que AGUAS divulgue información de evaluación, asistencia, progreso, finalización u otra información clínica a la fuente de referencia.

Client / Legal Representative Signature: _____	**Date:** _____

REFERRAL INSTRUCTIONS

- Please attach documents reasonably necessary for the referral (for example, a court order or incident/police report when relevant and legally permitted).
- Please advise the referred client to contact AGUAS within two (2) business days at **540-372-7211**.
- Submission of this referral does not guarantee acceptance or enrollment. AGUAS will determine service appropriateness, availability, and intake/assessment requirements.

• Do not use this form for emergencies. Submission method / email: info@aguaslatcounseling.com