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| **H.O.P.E. Counseling Services**  ***Las Vegas location*** 601 S. Rancho Dr. #A10, Las Vegas, NV 89106  ***North Las Vegas location*** 3920 W. Ann Rd. #100, N. Las Vegas, NV 89031  Tel: (702) 437-4673  Fax: (702) 438-4673  Email: [inquiry@HopeCounselingServices.net](mailto:inquiry@HopeCounselingServices.net)  [www.HopeCounselingServices.net](http://www.HopeCounselingServices.net) |



## Referral Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Referred: | | | | | | | | | |  | Date of Referral: | | |
| Client Information | | | | | | | | | |  | Referral Source and Contact Information | | |
| DOB: | | | Age: | | | | Gender: | | |  | Name: | | |
| SSN #: | | | | Ethnicity: | | | | | |  | Agency/Location: | | |
| Address: | | | | | | | | | |  | Office phone #: | | |
| City: | | State: | | | | Zip Code: | | | |  | Cell #: | | |
| Home phone #: | | | | | | | | | |  | Fax #: | | |
| Cell #: | | | | | | | | | |  | Email #: | | |
| Email #: | | | | | | | | | |  |  | | |
| Specify Language/Need: | | | | | | | | | |  |  | | |
| Parent/Guardian name: | | | | | | | | | |  | For office use only | | |
| Relationship to Client: | | | | | | | | | |  | Insurance (payment) verified: | | |
| Contact Phone #: | | | | | | | | | |  | Date verified: | | |
| DFS Custody: YesNo | | | | | | | | | |  | Verified by: | | |
| Insurance: YesNo | | | | | | | | | |  |  | | |
| Insurance name: | | | | | | | | | |  |  | | |
| Insurance number: | | | | | | | | | |  |  | | |
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| **Comments:** | | | | |  | | |  |  | | |  |  |
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