



## CLINICAL COUNSELING REFERRAL FORM

Empowering Choices Counseling and Consultation  
 805 Liberty St NE, Suite 2  
 Salem, OR 97301

**Directions:**

Please complete the following and send this form with any additional information to:  
[office@empoweringchoicescc.com](mailto:office@empoweringchoicescc.com) or by fax: (503) 589- 3179 with ATTN: Front Desk

### Referral Information

**Provider Referring:**

**Provider Office:**

**Contact Phone:**

**Fax Number:**

**Reason for Referral:**

### Client Details

**Client Name:**

**Date of Birth:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Parent/Caretake Name:**

**Phone Number:**

**Additional Number:**

<b>Email Address:</b>	
<b>Insurance Name:</b>	
<b>Policy #:</b>	<b>Group #:</b>

Requested Services																	
(Mark all that apply)																	
<b>Assessment (With recommendations only, no services)</b>																	
<input type="checkbox"/> <b>Child:</b>																	
<input type="checkbox"/> <b>Adult:</b>																	
<b>Assessment (With services- specify services desired below)</b>																	
<input type="checkbox"/> <b>Child:</b>																	
<input type="checkbox"/> <b>Adult:</b>																	
<b>Services Requested:</b> (Assessment required; services based on medical necessity and as authorized by payment source)																	
<table border="0"> <tr> <td style="vertical-align: top;"> <u>Psychotherapy/Counseling</u>  <input type="checkbox"/> Individual  <input type="checkbox"/> Family  <input type="checkbox"/> Group </td> <td style="vertical-align: top;"> <u>Family Support (consultation)</u>  <input type="checkbox"/> Understanding Autism- Supporting child on the spectrum  <input type="checkbox"/> Life Coaching (Life changes/Life Transitions)  <input type="checkbox"/> Parenting Coaching </td> </tr> </table>			<u>Psychotherapy/Counseling</u> <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	<u>Family Support (consultation)</u> <input type="checkbox"/> Understanding Autism- Supporting child on the spectrum <input type="checkbox"/> Life Coaching (Life changes/Life Transitions) <input type="checkbox"/> Parenting Coaching													
<u>Psychotherapy/Counseling</u> <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	<u>Family Support (consultation)</u> <input type="checkbox"/> Understanding Autism- Supporting child on the spectrum <input type="checkbox"/> Life Coaching (Life changes/Life Transitions) <input type="checkbox"/> Parenting Coaching																
<table border="0"> <tr> <td style="vertical-align: top;"><u>Assessments</u></td> <td style="vertical-align: top;"><u>Adult</u></td> <td style="vertical-align: top;"><u>Child</u></td> </tr> <tr> <td><input type="checkbox"/> Psycho-Social Assessment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Autism</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Asperger's Syndrome</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Functional Assessment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			<u>Assessments</u>	<u>Adult</u>	<u>Child</u>	<input type="checkbox"/> Psycho-Social Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Functional Assessment	<input type="checkbox"/>	<input type="checkbox"/>
<u>Assessments</u>	<u>Adult</u>	<u>Child</u>															
<input type="checkbox"/> Psycho-Social Assessment	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/> Autism	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/> Functional Assessment	<input type="checkbox"/>	<input type="checkbox"/>															



3

**Signature:**

**Date:**