



E & A Cares Counseling Consultant Services, LLC  
513 Academy Avenue  
Dublin, GA, 31021

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- Adult
- Child

### REFERRAL FORM

Date: \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
School: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Marital Status: \_\_ Single \_\_ Married \_\_ Divorced \_\_ Widow # of Children: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
Referral Source (Agency/Person): \_\_\_\_\_  
Insurance(s): \_\_\_\_\_

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#### Service Requested:

_____ Alcohol / Drug Assessment	_____ Diagnostic Assessment
_____ Anger Management Group	_____ Stress Management Group
_____ Individual Psychotherapy	_____ Couples Psychotherapy
_____ Parenting Classes	_____ Substance Abuse Counseling
_____ Other	_____ Telehealth Online Counseling

\_\_\_\_\_ Consultation is available to discuss the services our agency provides. Would you like a consultation (15 to 30 minutes) to discuss the presenting problem(s).