



# CHRYSALIS HEALTH REFERRAL FORM

Reason for referral: \_\_\_\_\_

Has client been hospitalized in past 7 days?: Yes No      Is client currently receiving therapy?: Yes No

Services of interest (check all that apply):

Outpatient In-Person Therapy      Outpatient Telehealth Therapy      TCM      Psychiatry

Client's first name: \_\_\_\_\_ Last name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (on line above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County Volusia

Best phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Legal guardian: \_\_\_\_\_ Relation to client: \_\_\_\_\_

Guardian's address (if different from client) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Group/Foster home: \_\_\_\_\_ CM: \_\_\_\_\_ Phone: \_\_\_\_\_

Other contact name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred language: \_\_\_\_\_ For whom: Client Family member Other

Visual or hearing impaired?: \_\_\_\_\_ Auxiliary aids desired: \_\_\_\_\_

Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black/ African American
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> American Indian
<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian/ Pacific Islander	<input type="checkbox"/> White European

Ethnicity:	<input type="checkbox"/> Cuban	<input type="checkbox"/> Haitian
<input type="checkbox"/> Mexican	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Other Hispanic
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Spanish Latino	<input type="checkbox"/> None of the above

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Where to receive services: Home School Office Telehealth

School name: \_\_\_\_\_

Insurance/Funding: \_\_\_\_\_ ID #: \_\_\_\_\_

Other referred household members: \_\_\_\_\_

Name/Title of Referral Source: \_\_\_\_\_ Phone: \_\_\_\_\_

RS Email: \_\_\_\_\_ @volusia.k12.fl.us Agency: Volusia County Schools

How did you hear about us?: \_\_\_\_\_

Today's Date: \_\_\_\_\_