



Counseling & Victims' Services
Counseling Referral Form

Today's Date: ____/____/____

Request Spanish-Speaking Counselor? Y N

Has client ever been the victim of domestic violence?

Y N

Has client ever been the victim of crime, abuse, or trauma?

Y N

CLIENT INFORMATION

Primary Name: _____ Date of Birth: ____/____/____

Guardian Name (if client is under 18 yrs): _____

Mailing Address: _____ SAFE TO RECEIVE MAIL?

Email: _____ SAFE TO LEAVE MESSAGE? Y N

Best Phone #: _____ SAFE TO LEAVE A MESSAGE?

Alternate Phone #: _____ SAFE TO LEAVE A MESSAGE?

Preferred Type(s) of Counseling: Family Individual Couples Group

Preferred days and times for appointments:

M T W Th F

Mornings Afternoons Evenings (evening appointments may be held at the Community Corrections Center Building)

Client Preferred Pronouns: She/her He/him They/them Other: _____

Children? Y N Age(s) _____ Children live w/Client? Y N

Is client on parole/probation? Y N

(IF Crime Victim) Is client's offender on parole/probation? Y N N/A

Supervising P.O. _____ P.O. Phone _____

Is client involved in any current legal charges/issues? Y N Explain: _____

Is client mandated to receive counseling? Y N Explain: _____

What brings client to counseling at this time? (Check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Abuse | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Substance Use/Abuse |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Depression | <input type="checkbox"/> Family Issues | <input type="checkbox"/> School/Career |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Relationship | <input type="checkbox"/> Stress | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Victimization | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mandated | <input type="checkbox"/> Suicidal Thoughts |

Other _____

Please provide a short description of the focus of counseling: _____



Has client received services here previously? Y N

Dates: _____

Counselor Name(s): _____

Is client served by social or case management agencies? (Voc Rehab, DHS, Aging/Disabilities, etc.) Y N

Agency/Services: _____

Is client currently receiving other counseling, mental health, or substance treatment services? Y N

If YES, please describe the services (location, type, focus, etc.): _____

Please read and check the following important information about our services:

- There are no fees for our counseling services.
- This is a learning/teaching clinic.** Services are provided by masters-level student counselors and **sessions are video recorded for clinical supervision purposes.** Recorded content is erased as soon as the students receive supervisor feedback.
- A counselor will contact a client directly to make appointments. Counselors will make 3 attempts to contact a new client for scheduling.
- Due to the many requests for counseling, it may take 4-5 weeks before we are able to schedule an initial appointment. If a client has not been contacted by a counselor in 4 weeks time, please call **503-846-3020** to check on wait-list status.
- It is important that a client make every effort to regularly attend counseling sessions and/or provide prior notice for cancellations. If it becomes necessary to cancel an appointment, or if there is a delay, please call the counselor or our main line, **503-846-3020**, and leave a message about the circumstances.
- If a client does not call to cancel or to report a delay and/or has **not arrived** within **fifteen minutes** of the appointment time, the session will be considered a "no-show" and the counselor may not be available. After two "no-shows," counselors may be reassigned in order to accommodate others waiting for services. However, a person is welcome to call our main line **503-846-3020** and request services when they feel they can better commit to regular counseling appointments.

Instructions: This form can be emailed to marci_nelson@co.washington.or.us, faxed to 503-846-3040, or mailed to the address below.

Additional questions or concerns can be directed to Marci Nelson (503-846-3021).