WASHINGTON COUNTY
OREGON

Center for Counseling & Victims' Services
Counseling Referral Form

OFFICE USE ONLY

Date: _____ **Taken By:** _____

Counseling Category: ☐ ***Offender*** ☐ ***Victim*** ☐ ***Community*** *(all other counseling requests)*

Has client ever been the victim of domestic violence? ☐ **Y** ☐ **N**
Has client ever been the victim of crime, abuse, or trauma? ☐ **Y** ☐ **N**
Does client have children who have justice-involved parents/guardians? ☐ **Y** ☐ **N**

CLIENT INFORMATION

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

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

Mailing Address: _____
Street or PO Box City State Zip

☐***SAFE TO RECEIVE MAIL?*** **Email:** _____ **SAFE? ☐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 Gender: ☐**M** ☐**F** ☐**Other** Age(s) _____
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)

☐ Anxiety	☐ Abuse	☐ Anger Management	☐ Substance Use/Abuse
☐ Behavior	☐ Depression	☐ Family Issues	☐ School/Career
☐ Grief/Loss	☐ Relationship	☐ Stress	☐ Trauma
☐ Victimization	☐ Domestic Violence	☐ Mandated	☐ Suicidal Thoughts

☐ Other _____

Center for Counseling & Victims' Services
Washington County Community Corrections
150 N. First Ave., Suite 200, MS 46, Hillsboro, OR 97124 ~ **503-846-3020 (Main)** ~ **503-846-3040 FAX**

Form updated June 2012

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 initial the following important information about our services [Screeners: disclose and initial]:

____ There are no fees for our counseling services.

____ Our clinic is located inside the Justice Services building; which has security stations and metal detectors. Please allow extra time for this process.

____ 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.

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

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Counselor Name: _____

Contact Attempt Dates: **1.** _____ **2.** _____ **3.** _____ Appointment Scheduled? □ **Y**□ **N**

Initial Appointment Completed? □ **Y** □ **N** Initial Appointment Date: _____

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