

# Blue Ridge Counseling, LLC

## Referral Form

### Client Information

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Please select from the following services:

\_\_\_\_\_ The Domestic Violence Alternatives Program (DVAP)

\_\_\_\_\_ The Anger Management Program

\_\_\_\_\_ The Substance Abuse Education Program (SAEP)

\_\_\_\_\_ Domestic Violence Risk Assessment

\_\_\_\_\_ Initial Intake and Mental Health Assessment (with treatment recommendations)

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

\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information if you are making a referral:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**-You may fax or email this information to Blue Ridge Counseling, LLC. We will contact the client, schedule an intake and assessment, and schedule a date for the client to begin the selected program. You will receive the initial assessment results, weekly attendance (if requested), a monthly progress report, and notification of program completion. Visit us @ [www.blueridgecounseling.com](http://www.blueridgecounseling.com)**

**Referrals can be faxed to: 540-639-9040**

**Referrals can be emailed to: [kfender@radford.edu](mailto:kfender@radford.edu)**

**Questions or comments are welcome! 540-639-9040**

**Thank You For Allowing Us To Serve YOU!!!!**