

**Blue Ridge Counseling, LLC
Referral Form**

Date of Referral: _____

Client Name: _____ D.O. B: _____

Address: _____ Phone: _____

Please select from the following services:

_____ Domestic Violence Risk Assessment only (this is used to determine if client needs services such as DVAP classes or the anger management program)

_____ The Domestic Violence Alternatives Program (DVAP) (18 weekly classes) (requires a Domestic Violence Risk Assessment prior to starting classes)

_____ The Anger Management Program (One, 8 hour class)

_____ The Substance Abuse Education Program (SAEP)

_____ Brief Mental Health Assessment

_____ Psychosexual evaluation. Please provide detailed background information prior to the appointment including the following, if applicable: FCSP, removal affidavit, case notes, medical records, criminal history, psychiatric records, prior evaluation reports etc. questions you want addressed in the evaluation.

_____ Comprehensive psychological evaluation/parental capacity evaluation including substance use disorder evaluation and domestic violence risk assessment. Please provide detailed background information prior to the appointment including the following, if applicable: FCSP, removal affidavit, case notes, medical records, criminal history, psychiatric records, prior evaluation reports etc. questions you want addressed in the evaluation.

Reason for referral:

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

Name: _____ Agency: _____

Phone: _____ Email: _____

Please email referral to: dburris@radfordcounseling.com and sarah@radfordcounseling.com
Questions or comments are welcome! 540-343-5909 main office number
540-343-5046 main fax number

Thank You for Allowing Us to Serve YOU!