

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

Referrals can be faxed to: 540-639-9040

Referrals can be emailed to: kfender@blueridgecounseling.com

Questions or comments are welcome! 540-639-9040

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