

463 College Avenue  
Palo Alto, CA 94306  
(650) 324-3330

Co-Sponsored by:  
Palo Alto Unified Adult Education  
Wesley United Methodist Church  
Area Graduate Schools of Psychology

## Referral Request

Client's Name:

Phone No.

Client's Address:

Birthdate:

Professional responsible for consultation: \_\_\_\_\_

Please List goals for your client to accomplish through group participation/therapy and/or volunteer work:

-----  
-----

Any other reasons for this referral? \_\_\_\_\_

How well does the client function with other people? \_\_\_\_\_

Are there any behavioral limitations or special conditions that might affect group therapy/volunteer work?  
-----

Are there any areas where it is advisable that the client not volunteer? (e.g., with children, with hospital patients)

DX

Axis I  
Axis II  
Axis III

Prescribed Medication(s):

Recommended degree of supervision needed:

Self-medications, If any:

Slight

Moderate

Extensive

How much time can the client realistically devote to volunteer work? \_\_\_\_\_

Additional Comments or Recommendations:  
-----  
-----  
-----

Physician:

Signature:

Agency:

Date:

Date Sent:

Date Received: