

## Referral Request

Client's Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Client's Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Please List goals you and your clients wish to accomplish through group participation and volunteer work:

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

Other Reasons for referral: \_\_\_\_\_

How well Doe.!, client function with other people? \_\_\_\_\_

Are there any behavioral limitations or special conditions that might affect the type of placement?

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

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): \_\_\_\_\_

Self-medications, If any: \_\_\_\_\_

Recommended degree of supervision needed:

1:1 Slight

1:1 Moderate

Extensive

Client can realistically devote: \_\_\_\_\_ volunteer days per week \_\_\_\_\_ hours per day

Additional comments that might be helpful in finding a satisfying placement:

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

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

Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Date Received: \_\_\_\_\_