

Cornerstone Counseling Service, LLC

Individual, Family & Group Therapy Psychological Evaluations ■ Rehab & Case Management Services ■ Drug & Alcohol Testing www.cornerstonecounselingservice.com
Hugo 212 E. Duke 580-326-2200 (ofc) 580-326-2201 (fax)
McAlester 10 E. Chickasaw Ave. 918-426-4841 (ofc) 918-426-4848 (fax)
Idabel 4 SE Ave. A 580-286-2000 (ofc) 580-286-2002 (fax)

REFERRAL FORM

Date of Referral: _____

Name of Person/Client referred: _____ DOB: _____

SSN: _____ Insurance Name: _____ ID #: _____

Address: _____ City: _____

Phone #: _____ Parents/Guardian Name: (if applicable): _____

Has Parent/Guardian been notified of this referral? (please check one) Yes N/A

Reason for Referral:

Now offering Instant Drug & Alcohol Testing! *** Now offering Tele-Counseling for all clients!**

Abuse (physical/emotional/sexual)	Depression and/or grief	Relationship problems
Academic difficulties	Difficulty communicating	Sexually acting out
Anger	Difficulty coping	Social problems/withdrawal
Anxiety	Disruptive behavior	Soiling their clothes
Autism/Asperger's	Domestic violence	Suicidal ideation/attempt
Criminal activity	Medication monitoring	Traumatic event
Crying problems	Mood/personality	Trouble concentrating
Death of family member	Possible drug/alcohol use	Drug/Alcohol Test
Death of friend	Phobia	Other: _____
Decline in health	Rebellious and/or verbal outbursts	Other: _____

Other Information: _____

Does the Person have: Medicaid Private Insurance No Insurance Unknown

Person/Organization referred by: _____

Phone # of referring Organization: _____

We now accept Private Insurance, Medicaid (Oklahoma & Texas) & Private Pay!

Thank you for your referral!

