

5205 Greenwood Avenue
West Palm Beach, FL 33407
Phone: 561-244-9499 ext. 5
Fax: 561-345-3800



Referral for Services

Please email to referrals@centerforchildcounseling.org

Referral Date: _____

Client Name*: _____ Client D.O.B*: _____

Age: _____ Gender: _____ Race: _____ Ethnicity: _____

Address: _____ City/State: _____ Zip: _____

School: _____ Grade: _____

Insurance: _____ ID# _____ SSN: _____

Guardian's Name*: _____ Cell Phone*: _____ Relationship: _____

Primary Language Spoken: _____ Guardian's Email*: _____

Primary Care Doctor: _____ Practice Name: _____

Referring Agency: _____

Referring Person*: _____ Phone*: _____ Email: _____

Reason for Referral:

- Behavioral Issues at Home Behavioral Issues at School Exposure to Violence Abuse/Neglect
 Trauma Divorce/Separation Grief or Loss Other: _____

Please explain briefly:

Services being requested:

- Individual Therapy Family Therapy Group Therapy Play Therapy Psychoeducational Support Group SNAP Clinical Group (ages 6-11) Child-Parent Psychotherapy Cognitive Behavioral Therapy or Trauma-Focused CBT EMDR Care Coordination Other: _____

* Denotes required information for our intake team to contact the client or guardian and provide follow-up.