Contra Costa Senior Peer Counseling Program
Referral Form
FAX 925-521-5641

NAME

TELEPHONE

BEST TIME TO CALL

ADDRESS

CITY

ZIP

REFERRED BY

DATE

TELEPHONE

AGENCY

E-MAIL ADDRESS

AGENCY ADDRESS:

I HAVE EXPLAINED THE SENIOR PEER COUNSELING PROGRAM TO THE CLIENT

Y        N

THE CLIENT HAS AGREED TO, AND HAS REQUESTED COUNSELING

Y        N

If client is unsure if they want counseling, please do not refer, but instead, please give them our number 925-521-5636 to call when they are ready to begin counseling.

IF CLIENT DOES AGREE TO HAVE COUNSELING, PLEASE HAVE THE CLIENT DESCRIBE THEIR REASON(S) IN THEIR OWN WORDS WHY THEY WOULD LIKE TO HAVE COUNSELING:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

REASON FOR REFERRAL

☐ Grief Loss  ☐ Living Situation  ☐ Anxious  ☐ Isolated

☐ Loneliness  ☐ Health Status  ☐ Fearful  ☐ Hostile

☐ Depression  ☐ Family Problems  ☐ Suspicious  ☐ Well Oriented

☐ Legal Problems  ☐ Financial Problems  ☐ Confused  ☐ Sociable

☐ Change in Cognitive Function  ☐ Other

CLIENT INFORMATION

Marital Status  Sex  Birthdate  Age  Ethnicity

Live Alone?  ☐ Yes  ☐ No  If no, who does client live with?

Disabled Access?  ☐ Yes  ☐ No  If yes, describe:

☐ Apt.  ☐ House  ☐ Condo/townhouse  ☐ Mobile Home  ☐ Senior Housing  ☐ B&C  ☐ SNF

Smoker?  ☐ Yes  ☐ No  Pets in the home?  ☐ Yes  ☐ No  If yes, describe:

Does client have transportation to meet with a counselor?  ☐ Yes  ☐ No  If yes, describe:
CURRENT SUPPORT SYSTEM (family, friends, church, etc.)

MEDICAL PROBLEMS (be specific)

Medicare  Y or N
Medi-Cal  Y or N
Other Insurance(s)

IS CLIENT CURRENTLY RECEIVING ANY COUNSELING OR PSYCHOLOGICAL SERVICES?
Y OR N
If yes, please wait to refer to Senior Peer Counseling, after current psychological services are complete.

OTHER PERTINENT INFORMATION