POSITIVE
REINFORCEMENT

Therapeutic Consultation Referral Form

Phone: 703-576-5700 | **Fax:** 571-919-6755 | **Email:** intake@positivereinforcement.net

REFERRAL OVERVIEW

Please providethe basicreferral and funding information.

Service Requested: ☐ Therapeutic Consultation

Preferred Service Method: ☐ In-Person ☐ Telemedicine ☐ Hybrid

Funding Source: ☐ FIS Waiver ☐ CL Waiver ☐ DAP/Crisis

CLIENT INFORMATION

Please provide information about the person being referred.

Full Name: _____ **DOB:** _____

Phone: _____ **Email:** _____

Address: _____

Medicaid #: _____

LEGAL REPRESENTATIVE/GUARDIAN INFORMATION

Please let us know who we should contact, if not the client.

Full Name: _____ **Phone:** _____

Relationship: _____ **Email:** _____

CASE MANAGER INFORMATION

Please provide case management information here.

Full Name: _____ **Phone:** _____

Agency: _____ **Email:** _____

LIVING ARRANGEMENT INFORMATION

Please provide living arrangement information here.

Resident Type: ☐ Family Home ☐ Group Home ☐ Sponsored Residential ☐ Other

Contact Name: _____

Phone: _____ **Email:** _____

DIAGNOSIS & SERVICES

Clinical profile and services already in place.

Primary Diagnosis: ☐ F70 Mild ID ☐ F71 Moderate ID ☐ F72 Severe ID ☐ F73 Profound ID ☐ F79 Unspecified ID ☐ F840 Autism

Secondary Diagnosis: _____

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BEHAVIORAL CONCERNS

Please describe behaviors and patterns.

Behavior of Concern Description	Frequency	Intensity	Crisis Plan Needed?
	☐ Occassonally ☐ Weekly ☐ Daily ☐ Multiple Times/Day	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
	☐ Occassonally ☐ Weekly ☐ Daily ☐ Multiple Times/Day	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
	☐ Occassonally ☐ Weekly ☐ Daily ☐ Multiple Times/Day	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
	☐ Occassonally ☐ Weekly ☐ Daily ☐ Multiple Times/Day	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No

LOCATION

Please indicate the location of the client during the week and timeframes listed below.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8 AM - 12 PM					
12 PM - 4 PM					
4 PM - 8 PM					

HOW DID YOU HEAR ABOUT US?

Please let us know how you found Positive Reinforcement - this helps us connect with more families!

- ☐ Referred by Doctor/Pediatrician
- ☐ School or Teacher Recommendation
- ☐ Case Manager or Support Coordinator
- ☐ Friend or Family Member
- ☐ Google or Online Search
- ☐ Insurance Directory
- ☐ Community Event or Flyer
- ☐ Other: _____