

## REFERRAL FORM

DATE:

### Choose the Service Location

**Akron**

37 N Broadway  
Akron, OH 44308  
Ph: 330.535.8181  
Fx: 330.535.9303

**Canton**

832 McKinley Ave NW  
Canton, OH 44703  
Ph: 330.493.2554  
Fx: 330.493.9520

Client's Name:

Gender:                      Female              Male              Transgender              Non-binary              SSN:

Street Address:

DOB:

City, State, Zip:

Main Phone:

Other Phone:

Referring Organization:

Contact Name:

E-mail:

Phone:

Fax:

**Reason for Referral - Please explain and choose a service**

**Psychological Evaluation**      This service is provided by a **forensic examiner** and involves a diagnostic interview, record review and administration of testing (if needed). The referral source receives a detailed typed report that covers the client's history, diagnosis, recommendations and can answer a specific question. (i.e. are they amenable to treatment and if so what setting/level of care, aid in sentencing, risk level for offending, are they competent to stand trial, are they in need of a guardian, are they subject to civil commitment, etc). Insurance typically does not cover this service.

**\*\* Use evaluation referral form**

**Services Requested (Check all that apply)**

**Treatment Assessment**      This service is provided by a **clinician** and provides a diagnosis and treatment recommendations and the referral source receives a printout summary of the results. This service is typically to start treatment and commonly referred to as an intake assessment or treatment assessment. Insurance typically covers this service.

Adult Sex Offense Treatment Program

New Foundation Drug and Alcohol 26 Week Program  
(based on assessment)

Conflict Solutions Anger Management - 26 Week Program (no  
assessment or eval needed)

Individual Counseling (based on assessment or evaluation)

TOD Program (Family Violence Court Referrals Only)

Psychiatry/ medication monitoring

52 Week Batterer Intervention Program (Summit County  
Court of Common Pleas-Domestic Violence Docket Only)

Hope Program (Stark County only)

Outpatient Individual Restoration Treatment (adult/juvenile)  
\*please include competency report, court order and police records

Other

**Payment Type:**              Client's Insurance              Client is Self-Pay              Client's Medicaid/Medicare #

Insurance Provider

ATP Funding

Referring Organization will be Billed

Member ID