



ENGLISH
SPANISH

COUNSELOR _____
DATE ASSIGNED _____

**Contra Costa Senior Peer Counseling Program
Referral Form
FAX 925-521-5639**

NAME _____
TELEPHONE _____ BEST TIME TO CALL _____
ADDRESS _____
CITY _____ ZIP _____

REFERRED BY _____ DATE _____ TELEPHONE _____
AGENCY _____
E-MAIL ADDRESS _____
AGENCY ADDRESS _____

I HAVE EXPLAINED THE PROGRAM TO THE CLIENT Yes No
THE CLIENT HAS AGREED TO, AND HAS REQUESTED COUNSELING Yes No

If client is unsure if they want counseling, please do not refer, but instead, please give them our number 925-521-5653 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

<input type="checkbox"/> Grief Loss	<input type="checkbox"/> Living Situation	<input type="checkbox"/> Anxious	<input type="checkbox"/> Isolated
<input type="checkbox"/> Loneliness	<input type="checkbox"/> Health Status	<input type="checkbox"/> Fearful	<input type="checkbox"/> Hostile
<input type="checkbox"/> Depression	<input type="checkbox"/> Family Problems	<input type="checkbox"/> Suspicious	<input type="checkbox"/> Well Oriented
<input type="checkbox"/> Legal Problems	<input type="checkbox"/> Financial Problems	<input type="checkbox"/> Confused	<input type="checkbox"/> Sociable
<input type="checkbox"/> Change in Cognitive Function		<input type="checkbox"/> Other _____	

CLIENT INFORMATION

Marital Status _____

Sex _____

Ethnicity _____

Birthdate _____

Age _____

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? Yes No

Does client have transportation to meet with a counselor?

Yes No Describe: _____

CURRENT SUPPORT SYSTEM (family, friends, church, etc.)

MEDICAL PROBLEMS (be specific)

COVID-19 VACCINATION STATUS

Medicare Yes or No

Medi-Cal Yes or No

Other Insurance(s) _____

IS CLIENT CURRENTLY RECEIVING ANY COUNSELING OR PSYCHOLOGICAL SERVICES?

Yes or No

If yes, please wait to refer to Senior Peer Counseling, after current psychological services are complete.

OTHER PERTINENT INFORMATION
