

# Behavioral Health Services-Mental Health Assessment

Due Date: \_\_\_\_\_

## Referral Form

### Referral Source

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Program Information

The Behavioral Health Services will provide **1 hour contact mental health assessment and recommendations.**

- Insurance Name: \_\_\_\_\_ Policy#: \_\_\_\_\_
- \*If insurance is not affiliated with Forge Evolution the cost will be \$60.00
- Receiving financial assistance will be determined by the Therapist if needed.

We understand and agree to the above terms, and agree to pay our portion of the assessment fee.

\_\_\_\_\_  
Participants Signature Date

\_\_\_\_\_  
Parent Signature Date

\*Please Note: There is a zero-tolerance policy towards unexcused absences. Receiving financial assistance is contingent upon attending scheduled appointments, funds will not be disbursed until records are confirmed. If there is a unexcused absence, Forge Evolution WILL NOT PAY any portion of the participant's program fees. The participant will then be automatically responsible for the full program fee of \$60.  
\_\_\_\_\_ [Parent initials showing this paragraph has been read and understood (if financial assistance being given)].

### Participant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Offense/Reason Request: \_\_\_\_\_

Parent/Guardian name(s), please indicate relationship:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: (Please indicate if teen has difficulty reading or writing, takes prescription medication, or mention anything else you think is relevant)

\_\_\_\_\_  
\_\_\_\_\_

### Referring Agency Contact Information

Contact Name/Title: Randee Thomas, LPC (Clinical Outreach Specialist)  
Address: 224 E. Kiowa Street, Colorado Springs, CO 80903  
Office Phone: 719-475-7815 Fax: 719-385-6202

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please scan this form and email to: Randee Thomas at [randee@forgeevolution.org](mailto:randee@forgeevolution.org)