



HEALING HANDS & HEARTS INC.

1500 Lee St.
Alexandria, LA 71301
Fax: (318) 625-7197
Email: Referrals@3h-la.com

Referral Form

Referral Date: _____ **Staff's Name:** _____

Recipient's Name: _____

Sex: _____ **Age:** _____ **DOB:** _____ **SSN:** _____

School Attending (if applicable): _____ **Grade:** _____

Parent/Guardian Name (if applicable): _____

Spouse/Partner's Name (if applicable): _____

Address: _____

Street **City** **State** **Zip**

Phone: _____ **Cell:** _____

Email Address: _____

Alternate Point of Contact: _____ **Phone:** _____

Currently Receiving Treatment? Yes No **If so, where?** _____

Insurance: Aetna United Healthcare LA Healthcare Connect AmeriHealth Healthy Blue
 Other: _____

Referral Behaviors: Please Check **ALL** that Apply.

- Violent/aggressive behavior
- Non-violent aggressive behavior
- Verbally aggressive
- Crimes against person
- Crimes against property
- Drug-related crimes
- Drug abuse/dependence
- Evidence of drug use
- Disregards curfew
- Issues with running away
- Non-compliance with probation or court order
- Non-compliance with family rules & expectations
- Non-compliance with employer's policy's
- Expelled or dropped out of school
- Attending alternative school
- Multiple suspensions from school
- High association with troubled school peers
- Low affiliation with untroubled school peers
- Poor relationships with school staff/co-workers
- Attendance problems
- Academic problems
- Gang affiliation
- Mixed antisocial and prosocial peers
- Reprimands at work for behaviors
- Fired from work

Referral Contact Signature: _____ **Contact Number:** _____

Email: _____ **Contact Fax:** _____