COMPASS
OF CAROLINA EST. 1919

Referral Form

This is a (check one): □ Self-Referral □ Family Member □ Court / Agency Referral
E-mail Completed Forms to Referral@compassofcarolina.org For Questions call (864) 467-3434

Name*: ______________________________ **Date of Referral*:** ____________________

Referral Source*: ______________________________ Phone #*: ______________________________

Contact Name*: ______________________________ Email: ______________________________

Client Information

Name*: ______________________________ DOB*: ____________ Veteran? *: □ Yes □ No

□ Spanish Speaking Marital Status: ____________ Race: ____________ Gender:____________

Phone#*: ______________________________ Email*: ______________________________

□ Work □ Home □ Cell **Communication Preference** □ Call (*Can we leave message* □ *No)* □ Text □ Email

Address*: ______________________________Apt.# ____________

City*: ______________________ State*: __________ Zip*: __________ County*: ____________

Insurance: □ Yes □ No Company Name: ______________________ ______________________

Does your employer offer an Employment Assistance Program (EAP)? Yes No Policy #: ____________

Employed: □ Yes □ No Employer: ______________________ Income Per Month: $

Reason for Referral*:

□ Domestic Violence #____________ □ Anger Management #____________ □ Parenting

□ Rep. Payee: DVA or DSSA □ Second Chance □ Counseling □ ____________

Please check the appropriate box for the referred individual:

□ Perpetrator (initiator of violence) □ Victim (recipient of abuse) □ Both partners equally responsible □ N/A

Presenting Problem*: ____

Victim Information

Name*: ______________________________ DOB*: ____________ Veteran? *: □ Yes □ No

□ Spanish Speaking Marital Status: ____________ Race:____________ Gender:____________

Phone#: ______________________________ Email*: ______________________________

□ Work □ Home □ Cell **Communication Preference** □ Call (*Can we leave message* □ *No)* □ Text □ Email

Address*: ______________________________Apt.# ____________

City*: ______________________ State*: __________ Zip*: __________ County*: ____________

Employed: □ Yes □ No Employer: ______________________ Income Per Month: $____________

Follow-Up Dates and Times ____