Vermont Psychological Services

Leitenberg Center for Evidence-Based Practice

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Department of Psychological Science, University of Vermont

2 Colchester Avenue, Burlington, Vermont 05405-1764

Phone: (802) 656-2661 Fax: (802) 656-3485

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| **CONNECTING CULTURES REFERRAL FORM**  \*Please complete this form and fax to the number above OR call (802)-656-2091 and leave a voicemail with **ALL** information listed on this form to make a referral to Connecting Cultures.  \*\*If you would like to make a referral for Physical Therapy, please fax this form to 865-0050 or call 865-0010 |

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| **DATE:\_\_\_\_\_ CLIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_ GENDER\_\_\_\_\_\_** | | |
| **If referral is a child or teen:**  **PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **COUNTRY OF ORIGIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **LANGUAGE(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Interpreter needed for: Adult(s)  Child | |
| **INSURANCE INFORMATION**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| CONTACT INFORMATION:  *Home*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Cell:\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Ok to leave a message? | Ok to say “Connecting Cultures?” | |
| **GENERAL NATURE AND SEVERITY OF PROBLEM:** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Please indicate referral services** (*check category and any specific factors that apply):*  \*Please see the backside of this sheet for referrals we cannot accept and other appropriate sources | | | | |
| **Psychological Services**  Suicide Risk Torture/trauma survivor  Homicide Risk Substance use  Dep or Anx Chronic Pain / Disability | | | **Short-term & Focused Case Management**  Non-emergent housing Transportation  Benefits (e.g., food stamps) Post-Migration  Chronic Health Management adjustment | |
| **Legal Services** (check any that apply):  Asylum Process  Citizenship or Immigration  Forensic Evaluation | | | **Physical Therapy**  Evaluate and treat  Pain control  Strengthening/conditioning  Functional training | |

**REFERAL SOURCE (Name and Agency)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERRAL CONTACT (Phone or email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referring provider signature\*(Only needed for PT services) Date \_\_\_\_\_\_\_\_\_**

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| **Please note that Connecting Cultures is not appropriate for the following referral needs:**   * **Individuals in crisis or reporting current suicidal or homicidal intent**   **Instead:** Please contact First Call at 802-488-7777 or call 911   * **Homelessness or emergency shelter support**   **Instead:** Please contact COTS at 802-864-7402, or CVOEO at 802-862-2771.   * **Immediate domestic violence support**   **Instead:** Please call 911 or contact STEPS at 802-658-1996. |