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.  |