

Allegheny Lutheran Social Ministries

Counseling Services

998 Logan Blvd

Altoona, PA 16602

1-800-400-2285 / Fax - 814-693-8935

Directions: 1. Pastor completes the form and keeps the pink copy.

2. The client gives the white and yellow copies to the provider of counseling services.

3. The provider of counseling services keeps the yellow copy and sends the white copy to ALSM with the billing form.

Referral for Counseling Services To:

Name of provider to which counseling referral is being made

I. Demographic Information:

Client Name

Address

Home Phone

Work Phone

Birth Date ____/____/____ Age _____

Sex: Male Female SS# ____-____-____

Marital Status: Single Married Separated
Divorced Other _____

Client Grade in School (if a minor) _____

II. Contact Person:

Spouse _____
Telephone # _____

Father _____
Telephone # _____

Mother _____
Telephone # _____

Other _____
Step-parent, Guardian Telephone # _____

III. Insurance Information

Client or Parent _____

Employer _____

Insurance Co. _____

ID # _____ Group # _____

IV. Personal Problem(s): (optional)

- | | | |
|--------------------|-----------------------------------|------------------|
| 1. Alcohol | 5. Family | 9. Elder Care |
| 2. Drugs (Specify) | 6. Another's Drug/Alcohol Problem | 10. Child Care |
| 3. Emotional | 7. Another's Emotional Problem | 11. Job/Vocation |
| 4. Marital/Couple | 8. Legal | 12. Other _____ |

V. Statement of Presenting Problem: (optional) _____

VI. Authorized Services:

1. Evaluation and Report ONLY _____
2. Evaluation and Treatment _____
3. No. Sessions Approved _____

(Maximum of 6)

VII. Anticipated Financial Support

Financial Support Needed: Yes _____ No _____
(ALSM will contribute up to 50% of the client co-pay)
Comments: _____

VIII. Authorization:

Pastor Name Telephone # _____

Congregation Date Authorized _____

IX. Client Referral Authorization

I understand that by signing this form I am granting the authorizing Pastor permission to share the information above with the provider to which I/we are being referred for counseling services and ALSM for billing purposes.

Client Signature

Client (Step-parent, Guardian) Signature

