



Family and Community Resources, Inc.
18 Newton Street, Brockton MA 02301
T: (508) 583-6498 F: (508) 583-3775 www.FCR-MA.org

Referral for Mental Health Clinic Services

Individual Therapy Family Therapy Medication Management/ Psychiatry*

****Medication Management/ Psychiatry services can only be received in conjunction with a therapy modality for clients 18 and over only.****

Date of Referral: _____

CLIENT INFORMATION

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Gender: _____

Phone: _____ Alt. Phone: _____ Times Available: _____

School Name (If Applicable): _____

School Address (If Applicable): _____

School Contact Phone Number (If Applicable): _____

PARENT/ GUARDIAN INFORMATION

Name(s): _____ Phone: _____ Cell: _____

Legal Guardian (if not parent): _____ Phone: _____ Cell: _____

Address (if different from child's): _____ City: _____

Best time to contact family/client: _____

REFERRED BY: Self Other

Name: _____ Role: _____

Clinic/Agency: _____ Direct Phone: _____ Fax: _____



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Reason for Referral:

What is the traumatic event(s) the client/family has experienced?

Medication (s): _____

Ethnicity: _____

Primary Language: _____

Is the youth and/or family involved with any state agencies? Yes No

(DCF, DMH, DYS, DSS, legal involvement)

If yes, please list names and contact information:



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Insurance Information

For Commercial Insurance and HMO's:

Type of Insurance: _____

Insurance Number: _____

Responsible Party: _____

**please attach a copy of the insurance card*

For MassHealth Clients:

MassHealth #: _____

**please attach a copy of the insurance card*

NOTE: Please let the client and parent (s)/ guardian (s) know that you have made this referral and that we will be contacting them to schedule an appointment if they are an appropriate referral. Most clients begin by having a diagnostic assessment appointment with one of our mental health clinicians in order to assess the client's current mental health and service needs and discuss any concerns with parents/ guardians. As always, we appreciate the opportunity to work with you and look forward to collaborating.

Other Information:

Signature of Referral Source

Date