



Changing Directions.
Changing Lives.

Referral Form

OFFICE HOURS VARY BY LOCATION

Mark here if you prefer the Counseling Center staff to notify you of the closest location.

	Phone	Fax
<input type="checkbox"/> Atlanta - 1017 Fayetteville Rd, Suite A, Atlanta, 30316	404-324-4190	404-324-4191
<input type="checkbox"/> Adamsville - 3700 Martin Luther King Jr. Dr. SW, Atlanta, 30331	404-612-9339	404-324-4191
<input type="checkbox"/> Gwinnett - 965 Oakland Road, Suite 3B, Lawrenceville, 30044	678-376-3800	404-564-4731
<input type="checkbox"/> North Fulton - 7741 Roswell Road, Suite B, Atlanta, 30350	770-522-9909	404-564-4731
<input type="checkbox"/> Oakhill - 2805 Metropolitan Parkway SW, Atlanta, 30315	404-612-4111	

Please complete and fax or email the completed form to:
 Atlanta/Gwinnett: Counseling.Center@CHRIS180.org
 Adamsville/North Fulton: FultonCounseling@CHRIS180.org
 Oakhill: Oakhill@chris180.org

Referral Source

Contact Name: _____ Relationship to Consumer: _____

Organization (DFCS, School Name, Physician's Office): _____

Email address: _____

Telephone #: _____

Consumers Name: _____

DOB: _____ Gender: _____ Race/Ethnicity: _____

Address: _____

Telephone #: _____

Insurance Information: **Circle one: Georgia Medicaid, Wellcare, Amerigroup, Peachstate, CareSource, Cigna, BCBS, Aetna, United Health Care**

Insurance ID: _____ Group Number: _____

Presenting Problems: _____

History of Problems/Involvement with other agencies: _____

Current Medical Problems: _____

INTERNAL USE ONLY:

Appointment scheduled with: _____

Date/Time of appointment: _____

Scheduled by: _____ Reminder Call: Date/Time: _____