Wagner Behavioral Health Services, LLC

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ADOLESCENT/ADULT
SOP EVALUATION/TREATMENT REFERRAL FORM

Office Location: ☐ Titusville ☐ Warren ☐ Franklin ☐ Bradford ☐ Meadville ☐ Other: _____

Type of Services Requested: ☐ Psycho/Sexual Evaluation ☐ Psycho/Sexual Evaluation w/o Clinical Polygraph
☐ ABEL Testing w/ Interpretations ☐ Clinical Polygraph w/o Evaluation ☐ Other(Specify): _____

CLIENT INFORMATION:

Name: _____ **Date of Birth:** _____ ☐ **Male** ☐ **Female**

Address: _____ **Social Sec. #:** _____

_____ **Telephone #:** _____

County of current address: _____ **Cell #:** _____

School/Work: _____ ☐ Part ☐ Full Time (Shift _____) Age:____ Grade: ____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Check all that applies: ☐ Parole ☐ Probation ☐ County ☐ State **Max Parole/Probation Date:** _____

Parole/Probation Officer: _____ **Telephone #:** _____

If Minor: Where does the child currently reside? ☐ Both Parents ☐ Mom ☐ Dad ☐ Other _____

Parent's/ Guardian's Name(s) _____ Telephone: _____ Relationship to Client: _____

Address if Different: _____

Parent's/ Guardian's Name(s) _____ Telephone: _____ Relationship to Client: _____

Address if Different: _____

INSURANCE INFORMATION:

Type of Insurance: ☐ No Insurance/Private Pay ☐ Major Medical ☐ Medicare ☐ (MA) Medicaid ☐ BCC ☐ Other: _____

Name of Insurance: _____ **Policy/Member ID**: _____ **Group #:** _____

Primary Card Holder's Name: _____ **Primary's Date of Birth:** _____

Primary's S.S.#: _____ **Relationship to Primary Card Holder:** ☐ Self ☐ Spouse ☐ Child ☐ Other

REFERRAL SOURCE:

Referral Name: _____ **Title:** _____ **Date of Referral:** _____

Facility Name: _____ **Email:** _____

Address: _____ **Telephone:** _____

_____ **Fax:** _____

REASON FOR REFERRAL:

Court Ordered? ☐ Yes or No ☐ When? _____ Charge? _____

Judge: _____ Client's Attorney: _____

Is it needed for court? ☐ Yes *or* No ☐ Date needed for court?_____

Provide a brief outline of your concerns and clinical/medical history. (See Notice below)

_____

_____

NOTICE

To effectively complete Psycho/Sexual Evaluations with recommendations related to safety and/or treatment concerns, it is imperative that WBH Services is provided with any and all collateral information prior to meeting with the client. Information that is beneficial would include Court Orders,, Affidavit of Probable Cause, Case Notes, School Records, Psychological Reports, available mental health or drug and alcohol records, Domestic Relations Records, Probation/Parole Documents, District Magistrate Records, relevant newspaper articles, and/or summaries of involvement with the referred client.

Note: Processing May Be Delayed If Information Submitted is Illegible or Incomplete.