

18697 Forest Road  
 Lynchburg, VA 24502  
 P: (434) 239-0009  
 F: (434) 239-0181



150 W. Main Street  
 Danville, VA 24541  
 P: (434) 791-2144  
 F: (434) 792-0259

## Therapeutic Day Treatment Referral

Client Name:						Date of Referral:				Gender:		
Age:		DOB:		SSN:		Race:		Medicaid #:				
Current Residence:												
Home Phone:					School:					Grade:		
Parent/Guardian:							Relationship to client:					
Phone Number:							Alternative Phone:					
Parent Address (if different from above):												
Referring Agency (include full address):						Worker/Title:						
						Phone:						
						Email:						
Reason for Referral (include present concerns-- problem behaviors, suspensions, interventions):												
Goals outlined by referring agency:												
Priority:	Emergency			High:			Average:			Low:		
		Yes	No	Don't know	Comment:							
Is client at risk of removal from the home?												
Is the client at risk of being expelled from school or placed on homebound instruction?												
Has client been seen in outpatient counseling without success?												
Is the client a danger to himself or others due to his emotional or behavioral state?												
Signature of referring worker:									Date:			