

Referral Form

PLEASE fill in every blank & include AREA CODE & ZIP CODE for you & your client!

Referral Date _____

Client Name _____ Phone Number (____) _____

Current Address _____

City _____ ZIP Code _____

Age: _____ Sex: _____ Religion: _____ Race: _____ Smoker? ____yes ____no

Birth date: _____ Email address: _____

Client Contact with Family: _____ Frequent _____ Occasionally _____ Never

If contact, family member name(s) _____

Address _____ Phone (____) _____

Is client married? _____ Spouse's Name _____ If children, ages _____

Social behavior/Personality _____

Positive Attributes _____

Current Treatment/Programs (PHP, clubhouse, etc.) _____

Hobbies, Special Interests, Skills _____

Physical Limitations/Medical Conditions _____

IMPORTANT: Symptomatic Behaviors (why is this person in treatment? **AXIS I Diagnosis?**) _____

Reasons for Referral (Please be specific)

1. _____
2. _____
3. _____

Therapy goals for Compeer relationship--Please list what you hope will be accomplished through a Compeer Relationship?

1. _____
2. _____
3. _____

Does your client have a definite preference regarding age and/or race of volunteer? If so, specify below:

Age _____ *Race _____ * Religion _____ *

Client Available: Daytime _____ Evenings _____ Weekends _____

Does your client have use of a car? _____

* Specifying any of these characteristics may result in a longer wait time for a volunteer.

Has applicant displayed violent behavior or threatening behavior in the past? If YES please comment:

Additional Comments, Suggestions, and Supplemental Information:

Compeer Calling volunteers make a supportive, friendly phone call each week to waiting clients. This does not affect your client's status on our one to one waiting list. May we include your client in Compeer Calling?

Yes _____ Please check this box if you would like us to send you more information on Compeer Calling:

No _____

Referral Submitted By: _____

Title: _____

Agency: _____

Address: _____

City _____ ZIP Code _____

Phone Number: (____) _____ Fax Number: (____) _____

**Email address: _____

**For more effective communication, email preferred.

Please return with signed Compeer release to:

**Compeer
411 Dartmouth Ave.
Swarthmore, PA 19081
Phone – 610-541-0790
FAX – 610-541-0792**

www.Compeerfriends.org

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