



945 N. INDIAN CREEK DRIVE, CLARKSTON, GA 30021

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## ADULT - SERVICE REQUEST FORM

*\*Please Print and Submit to [adixon@positivegrowthinc.org](mailto:adixon@positivegrowthinc.org) via fax or email\**

### CLIENT INFORMATION

Referral Date:	
Name:	
Date of Birth:	
Sex (male or female)	
Social Security Number:	
Race/Ethnicity	
Address:	
City / State / Zip:	
Home Phone Number:	
Cellular Phone Number:	
Alternate/Work Number:	
DFCS Worker / Probation Officer	
Phone Numbers (Office / Fax / Cell	
Referral Source:	
Employer:	

### INSURANCE INFORMATION

Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes Medicaid Number: _____
CMO	<input type="checkbox"/> No <input type="checkbox"/> Yes; <input type="checkbox"/> Peach State <input type="checkbox"/> Wellcare <input type="checkbox"/> Ameri-Group <input type="checkbox"/> Caresource <input type="checkbox"/> Medicare    INSURANCE # _____

### REASON FOR REFERRAL

Presenting Problems:			
Service Requesting <i>*Check all that Apply</i>	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling/Training	<input type="checkbox"/> Family Counseling / Training
	<input type="checkbox"/> Assessments / Evaluations <i>*Family, Substance, Anger, etc.*</i>	<input type="checkbox"/> Family Violence Intervention Program (FVIP)	<input type="checkbox"/> Trauma Focus – Cognitive Behavior Therapy
	<input type="checkbox"/> Behavior Health Assessments and Service Plan Development	<input type="checkbox"/> Brief Crisis Stabilization <input type="checkbox"/> Nurturing Parenting Program	<input type="checkbox"/> Parent Education Class <input type="checkbox"/> Fatherhood Education Class
	<input type="checkbox"/> Community Support (CSI)	<input type="checkbox"/> Individual Outpatient Services	<input type="checkbox"/> Peer Specialist Support
	<input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Psychiatric Evaluations	<input type="checkbox"/> Anger Management Group <input type="checkbox"/> DUI Clinical Evaluation	<input type="checkbox"/> Substance Abuse IOP <input type="checkbox"/> Substance Abuse Education
	<input type="checkbox"/> Partial Hospitalization Program	<input type="checkbox"/> Safe Care –Parenting Program	<input type="checkbox"/> Promoting Safe and Stable Families (PSSF)