945 N. Indian creek drive, Clarkston, GA 30021
Office (404) 298-9005 ■ Fax (404) 298-0046
Website www.positivegrowthinc.org

ADULT - SERVICE REQUEST FORM

Please Print and Submit to gcassady@positivegrowthinc.org via fax or email

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:	

Medicaid	ı**No** ı **Yes; If yes Medicaid Number:**
CMO	ı**No** ı **Yes;** ı **Peach State** ı **Wellcare** ı **Ameri-Group** ☐**Caresource** ☐ **Medicare** **INSURANCE #**_____

REASON FOR REFERRAL

Presenting Problems:			
Service Requesting **Check all that Apply* ****INTAKE USE**** **CONTACT ATTEMPTS** **1.**_____ _____ **2.**_____ _____ **3.**_____	ı **Individual Counseling**	ı **Group Counseling/Training**	ı **Family Counseling / Training**
	ı **Assessments / Evaluations** **Family, Substance, Anger, etc.**	ı **Family Violence Intervention Program (FVIP)**	ı **Trauma Focus – Cognitive Behavior Therapy**
	ı **Behavior Health Assessments and Service Plan Development**	ı **Brief Crisis Stabilization** ı**Nurturing Parenting Program**	ı **Parent Education Class** ı **Fatherhood Education Class**
	ı **Community Support (CSI)**	ı **Individual Outpatient Services**	ı **Peer Specialist Support**
	ı **Psychological Evaluation** ı **Psychiatric Evaluations**	ı **Anger Management Group** ı **DUI Clinical Evaluation**	ı **Substance Abuse IOP** ı **Substance Abuse Education**
****INTAKE USE****	ı **Partial Hospitalization Program**	ı **Safe Care –Parenting Program**	ı **Promoting Safe and Stable Families (PSSF)**

Assessment Scheduled With, Day/Time: **Individual Added to Intake Tracker:**

Assessment Complete: **Individual Added to SN:**

last updated 8/2018