



REFERRAL FORM FOR ADULT SPANISH COUNSELING

Address: 125 Wellness Way – Hot Springs, AR 71913 Phone: 501-624-7111 Fax: 501-632-5510

Spanish referrals accepted for the entire southwest region of the state.
Spanish outpatient services are provided at our offices in Arkadelphia, Malvern, and Hot Springs.
Email completed referral form to: spanish@obhaw.org or fax to # provided above

Referring Info		
Person Referring:		Referral Date:
Contact Info:	Phone #: Email:	
Referral Source	<input type="checkbox"/> Judge <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> DHS	<input type="checkbox"/> Attorney <input type="checkbox"/> CASA <input type="checkbox"/> Other: _____ <div style="text-align: right; font-size: small;">Please specify</div>

Demographics	
Client Name:	Date of Birth:
Daytime/Message Phone:	
Address:	

Reasons for Referral	
<input type="checkbox"/> Court/Legal: DUI/Anger Management <input type="checkbox"/> Family: Parenting Classes/Divorce Issues <input type="checkbox"/> Trauma Issues: PTSD/Domestic Violence/Injury	<input type="checkbox"/> Mental Health: Depression, Anxiety, Suicide, Personality issues, etc <input type="checkbox"/> Support: Cultural/Adjustment Issues, Budgeting, Discrimination Please specify: _____