



**Prairie View Prevention Services, Inc. Agency Referral Form**

PVPS, Inc. 822 E. 41<sup>st</sup> St., Suite #235, Sioux Falls, SD 57105

Ph#: 605.331.5724

Fax#: 605.331.5725

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**Name of School:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Child's Home Address:** \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_

**Phone #:** (h) \_\_\_\_\_ (w) \_\_\_\_\_ (other) \_\_\_\_\_

**Presenting Issue:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use back of form or second sheet if necessary**

***Please complete ENTIRE section:***

1) Referring for:  Individual sessions  Family sessions

2) Whom to contact to set up appointment:

Parent/guardian  Counselor  Student  Other \_\_\_\_\_

Phone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_ other: \_\_\_\_\_

Best Time to Contact \_\_\_\_\_

3) Time of day student/family can meet:  Mornings  Afternoons  Evenings  Saturdays

4) Referring to:  Male Counselor  Female Counselor  No Preference

5) Additional paperwork regarding the client attached.  Yes  No

6) Submitted by: \_\_\_\_\_ 7) Date: \_\_\_\_\_

7) Phone #: \_\_\_\_\_ 8) E-mail address: \_\_\_\_\_

**Consent for Information Disclosure – Parent/Guardian Signature Required**

I, \_\_\_\_\_ hereby authorize the exchange/release of information between PVPS and myself. The purpose of and need for disclosure is to set up assessment and/or counseling sessions. I understand that communication via **Phone (Number: \_\_\_\_\_)** or **Email (Email Address: \_\_\_\_\_)** will be used and messages may be left. I understand that this consent will remain in effect and cannot be revoked by me until six months from date of signing.

Dated: \_\_\_\_\_

Parent/Guardian

Signature(s) \_\_\_\_\_

**For PVPS office use only:**

Referred to:

Date:

PVPS Staff Member:

Follow Through: Y/N

Discharge date:

Chart #: