



## Thriving Rivers School Psychological and Educational Services, LLC - Referral Form

*Please complete this form to refer a child or adolescent for psychological, psychoeducational, counseling, or consultation services. Attach any relevant records if available.*

**Date of Referral:** \_\_\_\_\_

### 1. Client Information

- **Full Name of Child/Adolescent:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Grade/School:** \_\_\_\_\_
- **Parent/Guardian Name(s):** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Insurance Information:**

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### 2. Referring Party

- **Name:** \_\_\_\_\_
- **Relationship to Client:**
  - ☐ Parent/Guardian
  - ☐ School Personnel
  - ☐ Healthcare Provider
  - ☐ Other (specify): \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email:** \_\_\_\_\_
- **Organization (if applicable):** \_\_\_\_\_

### 3. Reason for Referral

(Please check all that apply and briefly explain below)

- ☐ Psychoeducational Evaluation
- ☐ Psychological Assessment
- ☐ Diagnostic Clarification
- ☐ Individual Counseling
- ☐ Risk Assessment (e.g., safety concerns)
- ☐ School/Parent Consultation
- ☐ Training/Workshop Request
- ☐ Other (please specify): \_\_\_\_\_

#### Brief Description of Concerns or Goals for Services:

### 4. Relevant Background (Optional but Helpful)

- **Current or past diagnoses (if known):**

\_\_\_\_\_

- **Services previously received (therapy, tutoring, IEP, etc.):**

\_\_\_\_\_

- **Concerns noted by school/family (e.g., academic, behavioral, emotional):**

\_\_\_\_\_

### 5. Additional Documentation

Please attach any of the following if available:

- ☐ IEP/504 Plan
- ☐ Previous Evaluations
- ☐ Relevant Medical or Mental Health Records
- ☐ Teacher/School Reports
- ☐ Behavioral or Academic Data

**Return this form via secure email to:** [thrivingriversllc@gmail.com](mailto:thrivingriversllc@gmail.com) **Or** fax to: **740-870-2136**

**Questions? Call us at 740-401-9766**