



Referral Form

Thank you for your interest in requesting services.

Please take a moment to complete the following information and email it to referrals@pacsla.org and someone will contact you.

If this is an emergency, please call 911 or go to your nearest hospital emergency room.

Patient Information

Last Name	First Name	Middle Name	
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Current Address	City	State	Zip Code
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Cell Phone	Work Phone	Home Phone	Other Phone
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Can we leave a message? Yes No Good Time to call back? _____

Birth Date: _____ Gender: Male Female Other

Do you speak English? Yes No

Preferred Language:

<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Tagalog/Filipino
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> English	<input type="checkbox"/> Other Chinese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Japanese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____

What is your ethnicity?

<input type="checkbox"/> African - American/Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Asian: _____	<input type="checkbox"/> White/Caucasian	
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Other: _____	

Marital Status: Never Married Married Widowed Divorced Separated

Financial Information

Do you have medical coverage? Yes No

_____	_____	_____
Insurer's Name	Insurance Card No.	Issue/Effective Date

Are you requesting services for someone else? Yes No

If yes, please complete the following:

_____	_____
Contact/Requestor's Name	Contact/Requestor's Phone number



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Is the client aware of this referral? Yes No

Can we contact the client? Yes No

Briefly describe reason for seeking services:

When did you start experiencing this problem?

Have you previously received services for this issue? Yes No

Have you ever been hospitalized and/or jailed due to your mental health? Yes No

Are you currently taking medications for your mental health? Yes No

Are you in urgent need of medication refills? Yes No

Thank You!