

ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT
 CENTER FOR SURVIVORS OF TORTURE
 REFERRAL FORM

Referral Date: ____/____/____		Intake Date: ____/____/____		Country:	
First Name of Referral:			Last Name of Referral:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Referral's Address:				Referral's Phone:	
Referred by:				Organization (if applicable):	
Referral Source's Address:				Referral Source's Phone:	
Age/Date of Birth:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Date of Arrival in US: ____/____/____	
Native Language:		English Fluency: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor/None		Translator Required/Preferred: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Children:	Financial Resources:		Medical Insurance:
Legal Status: <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/> Permanent Resident <input type="checkbox"/> US Citizen <input type="checkbox"/> Asylee <input type="checkbox"/> Unknown/missing <input type="checkbox"/> Other: _____				Deadline (if Asylum Seeker): ____/____/____	
Primary complaint/presenting problem:					
Services needed: <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Medical Evaluation <input type="checkbox"/> Psychiatry <input type="checkbox"/> Case Management <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Other:					
Brief Background Information:					
OFFICE USE ONLY					
Eligibility: <input type="checkbox"/> Refugee Program <input type="checkbox"/> TVRA Criteria Met <input type="checkbox"/> Fee for Service <input type="checkbox"/> None					
Survivor Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary			Watched CST Video? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pre-screening:			Follow up:		
Initial Intake:			Medical Evaluation:		
Initial Assessment:			Psychotherapy:		
Case Management:			Psychiatry:		
Psychological Evaluation:			Interpretation:		