

The Community Christian Counseling Center
YOU, ME, NOW GROUP
Mental Health Support Group
Po Box 14665 North Palm Beach, FL 33408
Heather 561-676-8459 Office 561-622-5423
htateboldtconsult@gmail.com

GROUP REFERRAL FORM

Referrer Information:

Date of Referral: _____

Referral Source and Name: _____

Phone No.: _____ Cell: _____ E-mail: _____

Client Information:

Name of Youth: _____

Cell: _____ OK to Text /Leave message? _____ E-mail: _____

D.O.B. _____ Age: _____ Gender: _____ Ethnicity: ⇨ Black ⇨ Caucasian ⇨ Hispanic ⇨ Other

Name of Parent(s)/Guardian(s): _____

Address: _____

Main Contact No.: _____ Cell: _____ E-mail: _____

Name of Youth's Therapist or Counselor: _____

High School Name: _____

How did you hear about this Group? _____

Briefly Describe Why this Youth would be a good fit for a mental health support group:

Provide Other Information that would be helpful us to know:

Heather Tate-Boldt, LCSW, Executive Director 561 – 676- 8459

www.ccccpb.org