



CHRIS KIDS

**CHRIS Counseling Center**

1017 Fayetteville Road., Suite A  
Atlanta, GA 30316  
404-324-4190

[www.chriscounselingcenter.org](http://www.chriscounselingcenter.org)  
[www.chriskids.org](http://www.chriskids.org)

Mon. 8:30 a.m. – 8:00 p.m.  
Tues. 8:30 a.m. – 8:00 p.m.  
Wed. 8:30 a.m. – 8:00 p.m.  
Thurs. 8:30 a.m. – 8:00 p.m.  
Fri. 8:30 a.m. – 4:30 p.m.  
Sat. By appt. only

Call Received by: _____
Date of Referral: _____
Time of Referral: _____
PCP Name: _____
PCP Number: _____

**Referral Form**

Please complete and fax to 404-324-4191 or email to [Nathalie.ellis@chriskids.org](mailto:Nathalie.ellis@chriskids.org)

**Referral Source**

Contact Name: \_\_\_\_\_ Relationship to Consumer: \_\_\_\_\_

Organization (DFACS, School Name, Physician's Office): \_\_\_\_\_

Telephone: (h)-(                    )                    Email address: \_\_\_\_\_  
                  (w)-(                    )  
                  (C)-(                    )

Consumer's Name: \_\_\_\_\_ Gender/Ethnicity: \_\_\_\_\_

DOB: \_\_\_\_\_ Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Insurance Information: Circle one: Georgia Medicaid, Megellan/Wellcare, Amerigroup, Cenpatico, Cigna, BCBS, Aetna; Tricare, Value Options.

Insurance ID number: \_\_\_\_\_

Insurance Group number: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_  
\_\_\_\_\_

History of Problems/Involvement with other Agencies:  
\_\_\_\_\_  
\_\_\_\_\_

Current Medical Problems/Medications:  
\_\_\_\_\_

**Internal Use only: Front Desk Receptionist to Complete only**

Appt. Scheduled with: \_\_\_\_\_ Date/Time of Appt: \_\_\_\_\_

Reminder Call: Date/Time: \_\_\_\_\_ Scheduled by: \_\_\_\_\_