



Client referral to:

ADRIAN MARTIN, M.S.

Psychotherapy for Individuals, Couples, & Families

Fax: (402) 881-8332 Phone: (402) 577-0727

2 Pages (inc this)

From: _____ Company: _____

Phone: _____ Fax: _____

Referring Practitioner: _____

Client Name: _____

Date of Birth: _____ Social Security Number: _____

Telephone Number(s): _____

Presenting Problem:
(Circle one or more)

Depression
Anxiety
Marital/Couple
Behavioral

Grief/Bereavement
Stress
Family
Other: _____

Brief Description

Diagnosis

Axis 1 _____
Axis 2 _____
Axis 3 _____
Axis 4 _____
Axis 5 Current GAF _____ YTD _____

Risk Factors

S/I S/H H/I Plan
Means Intent Hx Contract for Safety
Abuse: Physical Emotional Sexual
Present Past

Services Required: Psychotherapy Assessment Medication Evaluation w/ Psychiatrist
Psychological Assessment w/ Psychologist Other (AA, Alanon, Parenting, Mediation, etc.)

Treatment Plan to Address:

- 1.
- 2.
- 3.

Other Treatments/Referrals Made:

Do you wish to receive periodic progress reports for this client? Yes No

Other comments

Signed: _____ Date: _____