

Place Your Letterhead Here

Mental Health Referral Feedback Form

To: _____

From: (name & phone #): _____

Date: _____

Regarding (name of individual): _____

Thank you for referring the person named above to us for evaluation or counseling. The status of this referral is as follows:

Individual has not responded to appointment requests.

Evaluation in progress.

Evaluation completed.

Individual is receiving individual counseling.

Individual is receiving group counseling.

Individual is being seen in family therapy.

Individual declined counseling services.

Individual was referred for outside evaluation/treatment.

Case is closed due to missed appointments by the individual.

Individual's difficulties appear to be resolved.

Parental consent denied.

Individual is receiving mental health services from another provider.

Other _____

Further comments about findings, diagnoses, treatment (use other side if necessary):

Do not hesitate to contact me should you have any questions or comments.

Return this form to the referring physician to convey the status of the referred individual.