



**Santa Barbara Office**  
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**Request for Services:**

**Date of Referral:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

**Client Information:**

First Name: _____	Last Name: _____
Date of Birth: _____	Gender: _____
What insurance does this person currently have? <input type="checkbox"/> MediCal/CenCal <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other/None	

**Parent/Guardian Information:**

Parent/Guardian #1: _____	Relationship to Client: _____
Address (#, Street, City, and Zip) _____	
Phone #: _____	Okay to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person currently the child's legal guardian/custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian #2: _____	Relationship to Client: _____
Address (if different from above) _____	
Phone #: _____	Okay to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person currently the child's legal guardian/custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have parent(s)/guardian(s) been informed of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other Children in the Home:**

Name:	Date of Birth:	Gender:	Services requested for this child? (Y/N):	Insurance (MediCal, Private, Other?)

**Referring Party Information:**

Referring Party Name: _____
Agency/School: _____
Phone Number: _____ E-mail: _____

**Presenting Problem:**

**Referring Provider Comments:**