



# Multilingual Psychotherapy Centers, Inc.

*"Helping Through Diversity"*

1639 Forum Place, Suite #7  
West Palm Beach, FL 33401  
Phone: (561) 712-8821  
Fax: (561) 712-8070

233 W Ave A., Suite C  
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1111 Hypoluxo Rd., Suite #106  
Lantana, FL 33462  
Phone: (561) 712-8960  
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**admissions@mpcipbc.com**

English  Spanish  Haitian Creole  Portuguese  French  Sign Language  Russian  Other:

## REFERRAL FORM

### Referral Source Information:

Date of Referral: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Client Information:

Name: \_\_\_\_\_  Male  Female  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Race:  White  African American  Hispanic  Asian  Native American

Ethnicity:  Mexican  Puerto Rican  Guatemalan  Haitian  Other: \_\_\_\_\_

Language(s) spoken by Recipient \_\_\_\_\_

### Living Arrangements:

With Family  Foster Care  BHOS Home  Licensed Home  Shelter  Other: \_\_\_\_\_

School Name: \_\_\_\_\_

### Parent / Legal Guardian Information:

Guardian's Name: \_\_\_\_\_ Legal Guardianship Proof: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Reasons For Referral:

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### Requested Services:

Individual / Family Therapy  Psychological Testing  TBOS  TCM  
 in the Home  Group Therapy  PSR  ICM  
 in the Office  Psychiatric Evaluation  Med. Management  Other: \_\_\_\_\_

### Funding Source:

ChildNet  CMS  Cenpatico  Beacon  UBH/Healthy Kids  
 Medicaid  Magellan CC  Wellcare / Healthy Kids  Self Pay  
 Other: \_\_\_\_\_