

Referral Form

PLEASE fill in every blank & include AREA CODE & ZIP CODE for you & your client!

Referral Date _____
Client Name _____ Phone Number (____) _____
Current Address _____
City _____ ZIP Code _____
Age _____ Sex _____ Religion _____ Race _____ Smoker? ___yes ___no
Birthdate _____ Email address _____

Client Contact with Family: _____ Frequent _____ Occasionally _____ Never
If contact, family member name(s) _____
Address _____ Phone (____) _____
Is client married? _____ Spouse's Name _____ If children, ages _____

Social Functioning/Personality _____

Positive Attributes _____
Current Treatment/Programs (PHP, clubhouse, etc.) _____

Hobbies, Special Interests, Skills _____
Physical Limitations/Medical Conditions _____
IMPORTANT: Symptomatic Behaviors (why is this person in treatment?) _____

Reasons for Referral (Please be specific)
1. _____
2. _____
3. _____
Therapy goals for Compeer relationship (Please be specific)
1. _____
2. _____
3. _____

Does your client have a definite preference regarding age and/or race of volunteer? If so, specify below:

Age _____ * Race _____ * Religion _____ *

Client Available: Daytime _____ Evenings _____ Weekends _____

Does your client have use of a car? _____

* Specifying any of these characteristics may result in a longer wait time for a volunteer.

Additional Comments, Suggestions, and Supplemental Information:

Compeer Calling volunteers make a supportive, friendly phone call each week to waiting clients. This does not affect your client's status on our one to one waiting list. May we include your client in Compeer Calling?

Yes _____ Please check this box if you would like us to send you more information on Compeer Calling:

No _____

Referral Submitted By: _____

Title: _____

Agency: _____

Address: _____

City _____ ZIP Code _____

Phone Number: (____) _____ Fax Number: (____) _____

Email address _____

Please return with signed Compeer release to:

Compeer of San Mateo County, Inc.

868 Montezuma Drive

Pacifica, CA 94044

Tel: 650-355-8083

Fax: 1-650-898-1630

email: contact@compeersanmateo.org