

Family Counseling Center of the CSRA, Inc.

3711 Executive Center Drive, Suite 201, Martinez, GA 30907
(706) 868-5011/ FAX (706) 868-5023 harmstrong@fccsra.org

Professional In-Home Counseling for the Elderly (PICE) Referral Form

PICE is for persons 60 and above who are homebound, capable of participating in counseling, and reside in Richmond or Columbia County. Emergency telephonic consultation is available for Burke and McDuffie county residents. You may mail, fax, or scan and email this referral form to the above contact information. If you have any questions please call our office at 706-868-5011.

Client Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home # _____ Other #: _____

Email: _____

Caregivers Name: _____ Caregivers Phone #: _____

Caregivers Relationship to Client: _____

Does Caregiver reside with Client? Yes No

Current Diagnosis: _____

Is client aware of referral? Yes No *(Must have client's permission prior to referral)*

Is caregiver aware of referral? Yes No NA

Name of person making referral: _____ Date: _____

Agency Name or relationship to client: _____

Agency Phone # _____ Fax#: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred time of visit: _____

BRIEF SUMMARY OF ISSUES FROM REFERRAL SOURCE:

Office Use Only

Date Received: _____ Client Contact Date: _____

Appointment Date: _____