



**Family
Therapy
Services**

FAMILY THERAPY SERVICES

3234 Belair Road
Baltimore, Maryland 21213
Phone: (410) 483-7357
Fax: (410) 483-7359
Email: ftsllc@mail.org

REFERRAL FORM

Date: _____

Participant's Name: _____

DOB: _____

Address: _____

Age: _____

Medical Assistance?*

MA# _____

Telephone #: _____

SS# _____

Parent/Guardian Name: _____

Phone #: _____

Agency making referral: _____

Agency's contact person: _____ Phone: _____

Referral Service(s):

- | | |
|---|---|
| <input type="checkbox"/> Anger Management I | <input type="checkbox"/> Anger Management II |
| <input type="checkbox"/> Clinical Mentoring | <input type="checkbox"/> Healthy Relationship |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> One-on-one Counseling |
| <input type="checkbox"/> Sex Education | <input type="checkbox"/> Comprehensive Tutoring |
| | <input type="checkbox"/> Job Readiness Training |
| | <input type="checkbox"/> Gang Prevention & Intervention |
| | <input type="checkbox"/> Substance Abuse Education |

Other: _____ Other: _____

Comments: _____

* Please attach a copy of the Medical Assistance card if available.