



**HEALING HANDS & HEARTS INC.**

1500 Lee St.  
Alexandria, LA 71301  
Fax: (318) 625-7197  
Email: Referrals@3h-la.com

**Referral Form**

**Referral Date:** \_\_\_\_\_ **Staff's Name:** \_\_\_\_\_

**Recipient's Name:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**School Attending (if applicable):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name (if applicable):** \_\_\_\_\_

**Spouse/Partner's Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Street** **City** **State** **Zip**

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Alternate Point of Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Currently Receiving Treatment?**  Yes  No **If so, where?** \_\_\_\_\_

**Insurance:**  Aetna  United Healthcare  LA Healthcare Connect  AmeriHealth  Healthy Blue  
 Other: \_\_\_\_\_

**Referral Behaviors:** Please Check **ALL** that Apply.

- Violent/aggressive behavior
- Non-violent aggressive behavior
- Verbally aggressive
- Crimes against person
- Crimes against property
- Drug-related crimes
- Drug abuse/dependence
- Evidence of drug use
- Disregards curfew
- Issues with running away
- Non-compliance with probation or court order
- Non-compliance with family rules & expectations
- Non-compliance with employer's policy's
- Expelled or dropped out of school
- Attending alternative school
- Multiple suspensions from school
- High association with troubled school peers
- Low affiliation with untroubled school peers
- Poor relationships with school staff/co-workers
- Attendance problems
- Academic problems
- Gang affiliation
- Mixed antisocial and prosocial peers
- Reprimands at work for behaviors
- Fired from work

**Referral Contact Signature:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Contact Fax:** \_\_\_\_\_