



### **Social Work Referral Form**

Name of Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Client contact information: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

Is the client a patient of the MCGP Free Clinic (circle one) ?      Y      N

If yes, do they have a TalkEHR Account (circle one)?      Y      N

Client employment status (circle one):      Employed      Unemployment      Disabled

Insurance (circle one):    Private      Medicaid      Medicare      Other:

Is English the Primary Language?    Y      N      If no, please describe:

Referring Staff Member: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Please describe the main reason the client is in need of a social worker:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Services(check boxes):     Mental Health       Healthcare       Housing/Shelter  
                                  Benefits               Food Pantry       Other

Social Worker Assigned: \_\_\_\_\_

Date:

Closing Notes:

Date: