



Name: _____ Date: ____/____/____

Referral Source: _____

Home Address: _____
Street Name and # City State Zip

Cell Phone # : (____) _____ - _____ Accept Texts

Social Security Number: _____ - _____ - _____ Date of Birth: _____ Gender: _____

Marital Status: _____ Number of Dependants: _____

Alternative Contact: _____ Phone: (____) _____ - _____

Place of Employment: _____ Phone Number: (____) _____ - _____

Work Hours: _____ Days: _____

Position: _____ Supervisor: _____

Reason for Referral: Assessment Drivers License Assessment Individual Sessions

List of Pending & Past Legal Offenses: _____
Date Arrest/Conviction
_____ / _____ / _____
Date Arrest/Conviction
_____ / _____ / _____
Date Arrest/Conviction

Send Assessment Results and Recommendations to:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: (____) _____ - _____ Phone: (____) _____ - _____

Primary Drug: _____ Secondary: _____ Tertiary: _____



Authorization to Release/Obtain Information

Client's Name: _____ Date of Birth: ____/____/____

Client's SSN #: _____ - _____ - _____

I hereby authorize [Grand Traverse Counseling Services] to: X obtain from the following
 X release to the following

Name of Agency: _____

Address: _____

Phone: _____ Fax: _____

The following documents/information from the records pertaining to services received / provided

From Date(s) of Service: _____ To Date(s) of Service: _____

The documents to be released are described or listed as: Behavioral Health & Treatment Records
(assessment, progress notes, discharge summary, etc.)

The records are required for the specific purpose of: Court Medical Other: _____

I understand that my authorization will remain effective from the date of my signature until client termination
and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization
at any time by written, dated communication.

I have read and understand the nature of this release.

Signature of Client/Client's Designated Representative

Date

Witness

Date