GRAFTON
INTEGRATED HEALTH NETWORK
Solutions for Living. Solutions for Life.

Referral Form

Use of this referral form is the first step in the process for the Grafton Integrated Health Network to consider a client for treatment services. Submission of this form will be followed up with a phone call from an Admissions Case Manager.

May we contact you by phone? *(if yes, phone number)*

Potential Client Last Name: First: Middle:	
Date of Birth:	Gender: ☐ Male ☐ Female

Referral Source Name & Address:
Referral Source Phone Number:
Legal Guardian Name & Address: *(if different from referral source)*
Legal Guardian Phone Number:

Reason for Referral:

Type of Treatment Requested:	☐ Applied Behavior Analysis (ABA) ☐ Education ☐ Outpatient ☐ Psychiatric Residential Treatment ☐ Residential Support ☐ Short-Term Residential Stabilization

Is the potential client currently in treatment: *(if yes, name of provider)*

Current Placement: ☐ Home ☐ Other ☐ Treatment Facility ☐ Detention Facility ☐ Foster Care

Current Psychiatric Diagnosis	Axis I Axis II Axis III Axis IV Axis V

Current Medications:

Education Information:

School Attending:

Current Grade: IEP Special Education Classification

Involvement with the Legal System:
(if yes, describe the reason)

Type of Insurance:

Additional Required Information
to be mailed or faxed:

Please click on appropriate button to submit via Email.

Berryville	Leesburg / Sterling	Richmond / Winchester
Education Services Psychiatric Residential Services	Education Psychiatric Residential Treatment Short-Term Stabilization Outpatient Intensive Outpatient Program	Education Community-Based Group Homes