



CONSUMER REFERRAL FORM

I have been informed that I would benefit from the services Excel Peer Support Services (Excel PSS) provides. I would like to inquire about the services available and give the referring agency the authority to disclose any necessary information to Excel PSS in order to make the process a smooth transition. My signature at the end of the document affirms that I agree to enroll in the service(s) indicated below.

The service(s) that I have been encouraged and agree to enroll into with Excel PSS are as follows:

Please place an X or ✓ to all that apply-

Adult Services:

- | | |
|---|---|
| <input type="checkbox"/> Diagnostic Assessment (Mental Health Assessment) | <input type="checkbox"/> Outpatient Therapy (OPT) |
| <input type="checkbox"/> Peer Support Services (PSS) | <input type="checkbox"/> Substance Use Assessment |
| <input type="checkbox"/> Community Support Team (CST) (Partners only) | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Psychosocial Rehabilitation (PSR) (Partners only) | |
| <input type="checkbox"/> Substance Abuse Intensive Outpatient Program (SAIOP) | |
| <input type="checkbox"/> Substance Abuse Comprehensive Outpatient Treatment (SACOT) | |

Child/Adolescent Services:

- | | |
|---|---|
| <input type="checkbox"/> Diagnostic Assessment (Mental Health Assessment) | <input type="checkbox"/> Outpatient Therapy (OPT) |
| <input type="checkbox"/> Substance Use Assessment | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Substance Abuse Intensive Outpatient Program (SAIOP) | |
| <input type="checkbox"/> Intensive In-Home (IIH) (Partners only) | |

Individual's Name (Please Print)

Phone # (Home or Cell)

Email

Individual's Address (Please Print)

City

State & Zip

Insurance/Medicaid #

Social Security #

Date Of Birth

Emergency Contact Name

Phone Number

Email

Reason for Referral:

Individual's Signature & Date: _____

Parent/Legal Guardian Signature & Date: _____

Referring Agency Name, Staff Signature, & Date: _____

Updated 3/25