



**BEHAVIORAL
HEALTH SERVICES**
of Pickens County

**REDISCLOSURE OF INFORMATION
CONCERNING CLIENT RECORDS IS
STRICTLY PROHIBITED**

Angela Farmer, M.Ed., MAC, LAC, LPCS
Executive Director

Prevention Education Referral Form

			Date:	
DETAIL OF PERSON BEING REFERRED				
Name:			Date of Birth:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Social Security #:	
Address:				
Contact number(s):				
Email address:				

PARENT/LEGAL GUARDIAN INFORMATION				
Name:				
Address:				
Contact number(s):				
Email address:				

REFERRAL SOURCE INFORMATION				
Name of Referral Source:				
Contact Information:				

REFERRAL INFORMATION:				
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- Tobacco Education Program (\$25.00)
- Alcohol Education Program (\$100.00)
- Palmetto Retailers Education Program (\$50.00)
- Other:

Additional Information	

Please attach Copy of Release of Information (if available) and any other pertinent information i.e. parental consent form
Send to BHSPC via: Fax: (864) 898-5804, Email: jgibson@bhspickens.com, Mail: 309 East Main Street Pickens, SC 29671
Questions call: (864) 898-5800

For Office Use: Contact Attempt [] Scheduled []