



**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: |
|-----------------------|
|-----------------------|

- 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](mailto:jgibson@bhspickens.com), Mail: 208 E. 1st Ave. Easley, SC 29640 Questions call: (864) 898-5800

For Office Use: Contact Attempt [ ] Scheduled [ ]