



The Encompassing Center

3019 West Harrison

Chicago IL 60612

<https://encompassingcenter.org/>

facebook: The Encompassing Center

REFERRAL FORM

Main # 773 638-5703

Cell # 312-723-8679

Fax # 773 638-5627

Date Received: _____

Client Name: _____

Address # _____

Chicago, IL

Community: _____

Race:

WHITE

A/AMERICAN

ASIAN

Hispanic:

MEXICAN

PUERTO RICAN

CUBAN

OTHER: _____

Insurance Info: _____

Email: _____

Sex: _____

Date of Birth: _____

Yrs. _____

Client Phone: _____

Type:

FAMILY

GROUP

ADULT

YOUTH

Leave Voice Mail:

YES

NO

Guardian Name: _____

Guardian phone: _____

In -Person appt

Telehealth appt

Referred By: _____

Phone: _____

Email: _____

1. Are you currently struggling with substance use?

2. Have you struggled with substance use in the past?

3. Are you in need of psychiatry services? (Medication or Mental Assessment)?

4. Are you in need of food, would you like to received pantry from us?

YES

NO

YES

NO

YES

NO

YES

NO

Services Requested: _____

Notes: _____

Preferred Time to Call? _____

DATE: _____

ASSIGNED TO: _____

CIS: _____

EC CLIENT TRACKING: _____