

Career Strategies Inc.
Referral/Screening Information
Office (405) 601-6710 Fax (405) 601-6711

Client's Name _____ Date of Referral _____

Client's Medical /DHS Number: _____ SSN# _____

Address _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

DOB _____ Age _____ Sex _____ Race _____

Place of Employment _____ Work Phone _____

_____ SSI _____ SSDI

DRS Counselor _____ Phone _____ Cell _____

URGENT NEEDS						
Housing	Food	Medical	Clothing	Detox	Suicidal/Homicidal	Safe Shelter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is individual in danger of hurting self or others? Yes _____ No _____

Other(s) involved/Referrals _____

Emergency Contact

Name _____ Relationship _____

Address _____ Phone # _____

Service Requested:

- _____ Job Placement _____ Job Retention _____ Job Search _____ Vocational Assessment _____ Resume Writing
_____ Career Counseling _____ Job Coaching _____ Job Development _____ Dressing for Success Consultation
_____ Adjustment Counseling _____ Assessment _____ Ticket to Work Consultation _____ Individual Counseling
_____ Family Counseling _____ Group Counseling _____ Virtual Service _____ Interview Prep _____ Information & Referral

Comments/Brief History:

Completed by: _____ Assessor _____

Therapist: _____ Phone/Cell _____

Case ID Code: _____