Helen's Project

Please fax form to (830) 400-7037:

Referral Form

Referrer's Name:_____ Referral site name:_____

Referrer's phone number or email:_____

Patient's Name: _____

Age Demographic:

☐ Youth ☐ Adolescent ☐ Adult ☐ Geriatric

Patient's Phone Number: _____

Patient's Email: _____

Patient's Address: _____

What Services is the patient needing please check all that apply:

	Case Management		S.A.F.E
	Placement Services		Changes Workforce & Re-Entry
	Counseling		SerVet
	Coordination of Government Benefits		Bright Kids
	Veteran Support Services		

If this patient currently in an inpatient residential or rehabilitation setting. If yes, please provide a copy of Face sheet and release of information. Please provide this information with enough time for us to meet with patient prior to discharge. Any Recurring patients please feel to send this information over as soon as they are admitted.

What is the best way to reach the client? _____

Any additional information is greatly appreciated.

1850 E Houston St San Antonio TX 78202
2300 Olympia #271406 Flower Mound, TX 75027
(P/F) (830) 400-7037
(E) info@hlproject.org
(W) hlproject.org