FRANNIE PEABODY CENTER
Comprehensive HIV & AIDS Services

Request for Behavior Health Services

Staff completing form:	Date:
Referral Source:	Release: ☐ Yes ☐ No

Name and pronouns:	**DOB:**
Address:	**Phone:**

Referral Questions	YES	NO	Comments
Ok to leave message on phone?	☐	☐	
Health insurance? What type?	☐	☐	
Presenting Issue:			
Plan for follow-up (contact within two weeks):			

Counseling services at Frannie Peabody Center are provided by Keith Riley, LCSW. From September, 2021 through April, 2022, counseling may also be provided by Samantha Shandorf, as she pursues her MSW, at the direct supervision of Keith Riley.
Please indicate below which provider this referral form should be directed to:

☐ Keith Riley (may result in waitlist)

☐ Individual is interested in seeing Samantha while on Keith's waitlist

OR ☐ Samantha Shandorf **only** (may result in waitlist)