



# NEW JOURNEY SUPPORT SERVICES (NJSS)

## Client Referral Form

**Service Areas:** Augusta | Savannah | Hinesville | Brunswick | Waycross | Atlanta

### 1. Referral Source Information

**Referring Agency:** \_\_\_\_\_ **Referring Person Name:** \_\_\_\_\_

**Phone Number/Email Address:** \_\_\_\_\_ **Date of Referral:** \_\_\_\_\_

### 2. Client Information:

**Client Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Apt/Ste #:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Parent/Guardian Name Phone (if minor):** \_\_\_\_\_

**3. Legal / Court Status (If Applicable)** Yes  No

**4. Presenting Concerns/History (Attach Documents) (e.g. MH/SA/IDD Concerns, Legal Issues, etc.)**

**6. Immediate Risk Screening:** Is the referral Suicidal and/or Homicidal? Yes  No

**7. Insurance Type/Provider:** \_\_\_\_\_ (Attach Copy of Insurance Card)

**9. Additional Notes / Relevant Information (Attach)**

### 10. NJSS Intake Use Only

**Referral Received By:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Initial Contact Date:** \_\_\_\_\_ **Assessment Scheduled:** \_\_\_\_\_

### NJSS Contact Information

#### New Journey Support Services (NJSS)

1700 Frederica Road, Suite 203  
St. Simons Island, Georgia 31522  
(912) 376-6905  
(912) 376-6905 Fax

Please send referrals to: [referralcontact@newjourneysupportsvc.com](mailto:referralcontact@newjourneysupportsvc.com)