Center for Personal Growth, Inc.
"Dedicated To Improving Your Mental Health"
Telephone: (619) 405-6378 Fax: (619) 528-8054
www.centerforpg.com

Rainbow Group Referral Form

General Information:

Name: _____

Address: _____

City:_____State:_____Zip Code:_____

Telephone:_____ Check One: ☐ Home ☐ Cell

Date of Birth:_____

Type of residence:_____

Email:_____

*Monthly email reminders will be sent to this email address one week prior to the group.

Emergency Contact Information:

Name:_____

Relationship to client:_____

Telephone:_____ Check One: ☐ Home ☐ Cell

Support People:

Name: _____ Tel.#:_____ Relationship:_____

Name: _____ Tel.#:_____ Relationship:_____

Legal Representative:

Does the client have a conservator or is the client a minor who needs parental consent to receive therapy services?

☐ Yes If Yes…YOUR CONSERVATOR MUST ATTEND THE INTIAL SCREENING APPT.

☐ No

If Yes, please provide the following information:

Name of conservator or legal representatives: _____

Telephone number of conservator or legal representative: _____

Center for Personal Growth, Inc.
4656 30th St.
San Diego, Ca. 92116

Locations:

San Diego Center for Family Therapy, Inc.
124 East 30th St., Suite A1
National City, Ca. 91950

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Note to SDRC Service Coordinator:

Thank you for referring this client to the Rainbow Group. Please submit two POS' for these services (one for group psycho-educational services and one for the initial screening appointment). The POS for group psycho-educational services should be submitted for 12 units and have a time frame of one year. The initial POS for initial screening appointment should be for 1 unit and should also have a time frame of one month. Please use the date of the referral form as the start date for these POS'. Our vender number with the SDRC is: PY1313 or PY1314 (depending on the age of the client). In addition, please forward the following collateral information:

- Consumer Information Sheet
- Individual Program Plan (IPP)
- Individual Program Plan (IPP) Services and Supports Form
- Client Developmental Evaluation Report (CDER)
- Psychological Report/Evaluation
- Behavior Assessment
- Social Summary/Assessment
- Medical Evaluation

By signing below, I certify that I have submitted the requested POS' for approval and requested collateral information be sent to the Center For Personal Growth.

*SDRC SC Print Name:*_____

*SDRC SC Signature:*_____ *Date:*_____

Tel.#:_____

☐ 4355 Ruffin Road, San Diego, Ca. 92123
☐ 8760 Cuyamaca St, #100, Santee, Ca. 92071
☐ 2727 Hoover Ave, #100, National City, Ca. 92150
☐ 5931 Priestly Drive, Suite 100, Carlsbad, CA 92008

Thank you for completing the Rainbow Group Initial Screening Form. You have three options to submit this form:

1. Fax this form to The Center for Personal Growth, Inc. at 619-528-8054.
2. Mail this form to the address listed above.
3. Scan this form and email it to BNewcomer@centerforpg.com.

This information will be reviewed by a Rainbow Group staff member who will contact you to discuss the content and/or schedule an initial screening appointment with the client.

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