

The Center for Personal Growth  
4656 30<sup>th</sup> St., San Diego, Ca. 92116  
Telephone: (619) 528-8005  
Fax: (619) 528-8054

## Rainbow Group Referral Form

### General Information:

Name: \_\_\_\_\_

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

Telephone (Day/Evening/Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Type of residence: \_\_\_\_\_

Email (Optional): \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Telephone (Day/Evening/Cell): \_\_\_\_\_

### Additional Support People:

Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Legal Representative:

Does the client have a conservator?

Yes

No

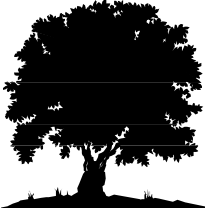
If Yes, name of conservator or legal representatives: \_\_\_\_\_

Telephone number of conservator or legal representative: \_\_\_\_\_

### Reason for referral:

What interested you in this group and what is your goal in being a part of this group?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*The Center for Personal Growth*  
4656 30<sup>th</sup> St., San Diego, Ca. 92116  
*Telephone: (619) 528-8005*  
*Fax: (619) 528-8054*

---

---

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing the Rainbow Group Referral 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](mailto:BNewcomer@centerforpg.com).

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