THERAPY REFERRAL CONSIDERATIONS

CONSIDERATIONS PRIOR TO MAKING A REFERRAL:

WE RECOMMEND THAT PROFESSIONALS SPEAK WITH THE CLIENT/CONSUMER/PATIENT AND/OR FAMILY MEMBERS TO INDICATE HOW ADDITIONAL SERVICES MAY BE EITHER A SUPPLEMENT TO THE SERVICES YOU ARE PROVIDING OR PART BE INCORPORATED INTO A DISCHARGE PLAN WHEN YOUR SERVICES ARE NO LONGER WARRANTED.

PLEASE REFER PATIENTS/CLIENTS TO SPECTRA IF:

- THE PATIENT'S EMOTIONAL OR BEHAVIORAL ISSUES INTERFERE WITH HIS/HER ABILITY TO TAKE ADVANTAGE OF THE THERAPEUTIC INTERVENTIONS AT YOUR FACILITY
- THERE IS CLEAR INDICATION OF STRESS TO THE FAMILY SYSTEM SUCH AS: HIGH ANXIETY LEVEL, CAREGIVER BURNOUT, LACK OF RESOURCES, LACK OF KNOWLEDGE OF DISABILITY, DISENGAGEMENT WITH THERAPEUTIC INTERVENTIONS YOU ARE PROVIDING
- PATIENT/ FAMILY DOES NOT APPEAR TO HAVE APPROPRIATE STRATEGIES TO COMPENSATE FOR THE PATIENT'S DEFICITS
- MODIFICATIONS TO THE SCHOOL AND/OR HOME ENVIRONMENT HAVE BEEN MADE AND ARE NOT EFFECTIVE
- NEEDED STRATEGIES CANNOT BE IMPLEMENTED EFFECTIVELY BY FAMILY

TO MAKE A REFERRAL TO SPECTRA:

- SHARE SPECTRA CONTACT INFORMATION WITH PATIENT/FAMILY AND INFORM THEM OF THE OPTION OF A FREE CONSULT TO DETERMINE WHICH SERVICES MIGHT BE NEEDED/ HELPFUL

  OR

- OFFER TO GIVE PATIENT/FAMILY A SPECTRA REFERRAL FORM

  OR

- OBTAIN RELEASE FROM FAMILY AND MAKE DIRECT CONTACT TO THE AGENCY

REFERRAL FORM

Greetings from Spectra Support Services, LLC. Your professional/therapist believes that you/ your child may benefit from one or more of the many supports our agency has to offer. We would be grateful for the opportunity to serve you and your family. This referral form will help us to coordinate your care. Please bring it to your first appointment or sacn or fax it to us.

TO SET UP AN APPOINTMENT:

CALL **484-450-6476** EMAIL: INFO@SPECTRAPA.COM OR MAKE AN APPOINTMENT REQUEST **SPECTRAPA.COM**

FAX: **610-544-7142**

INFORMATION:

PATIENT NAME:

CAREGIVER(S) NAME(S):

CONTACT E-MAIL/ PHONE:

DIAGNOSIS:

CURRENT SERVICES:

- ☐ PHYSICAL THERAPY
- ☐ OCCUPATIONAL THERAPY
- ☐ SPEECH THERAPY
- ☐ OTHER:

CONCERNS OBSERVED/ REPORTED:

RECOMMENDED SERVICES:

- ☐ CONSULT
- ☐ MINDFULLNESS-BASED FAMILY PLAY THERAPY
- ☐ BEHAVIOR THERAPY
- ☐ SOCIAL SKILLS GROUP (S)
- ☐ ANXIETY/STRESS MANAGEMENT GROUP (S)
- ☐ EXECUTIVE FUNCTIONING SKILLS TRAIING
- ☐ PARENT SUPPORT GROUP
- ☐ PARENT EDUCATION/ TRAINING
- ☐ IEP CONSULTATION
- ☐ SIBLING PROGRAMS (I.E. SIBSHOP)
- ☐ FAMILY NAVIGATION

REFERRED BY:_____

REFERRAL CONTACT:_____