



NEHEMIAH
HOPE CENTER

Nehemiah Hope Center, Inc.

Rebuilding Lives & Communities one brick at a time

Referral Screening Form

Today's Date:

NHC Services:

- Outpatient Therapy
- Children's Behavioral Health Initiative (CBHI)
- Therapeutic Mentoring
- Medication Management
- Telehealth Services
- Group Therapy

Is client looking for: In-Person , Hybrid ,

Telehealth

Name of Client: D.O.B. Age:

Gender at Birth: Marital Status:

Address:

Client Tel #: Email:

Name of Guardian (If applicable):

Relationship to client:

Guardian's Tel #: Email:

Languages Spoken by Client and/or Guardian:

(If Child) Name of School: Grade:

Name of Referral Source: Agency:

Referral Source Telephone #: Email:

Name of Health Insurance Company:

Insurance ID #: Name of Subscriber:

Subscriber's D.O.B:

Relationship to Client:

Let's Rebuild

4 Post Office Square Taunton Ma, 02780 Suite Number: A312-A314

Tel: 781-300-8917 Fax: 617-716-8048 Referral: referrals@nehemiahhc.org



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Reason for Referral/Concerns:

Has Client received counseling in the past: Yes No

Length of time in previous counseling treatment:

History of In-patient Psychiatric Hospitalization: Yes No

If “Yes” please indicate the dates of In-Patient Hospitalization:

Current Medications/Prescriber:

Current Substance Use: Yes No

History of Substance Use: Yes No

Legal Involvement with the law: Yes No

History of Eating Disorder: Yes No

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