**Client Referral Form**

## PO Box 151240

San Diego, CA 92175-1240

Main Number: (619) 278-2400 | Facsimile: (619) 294-9405 | Email: [survivors@notorture.org](mailto:survivors@notorture.org)

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| --- | --- | --- | --- | --- | --- | --- |
| **REFERRER** | | | | | | |
| **Referred By:** | | | | | | **Date: Click here to enter a date.** |
| **Agency/Office Address:** | | | | | | |
| **City:** | | | **State:** | | **Zip:** | |
| **Phone:** | **Fax:** | | **Email:** | | | |
| **I wish to refer the person below for the following services (select one or more specific to this case) :** | | | | | | |
| ☐Psychological Evaluation for Asylum | | ☐Medical Evaluation for Asylum | | ☐Counseling | | |
| ☐Social Service Case Management | | ☐Medical Case Management | | ☐Psychiatry/Medication Management | | |

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| **If this request involves immigration proceedings, please note the average time to coordinate forensic evaluation is 30-45 days. When requesting evaluations, please also submit client’s declaration (in English).** |
| **Last date attorney can accept final report:** Click here to enter a date. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSON BEING REFERRED** | | | | | | | | |
| **Last Name:** | | **First Name:** | | | **Middle Name:** | | | |
| **Primary Phone:** | | **Secondary Phone/Email:** | | | | | | |
| **Address:** | | **City:** | | **State:** | | | **Zip:** | |
| **Gender:** Choose an item. | **Country of Origin:** | | | **Ethnicity:** | | | | **Religion:** |
| **DoB:** | **Current Age:** | | **Marital Status:** Choose an item. | | | | | |
| **Date of Entry into U.S.:** | | | **Legal Status (must attach declaration for asylum seekers) :** Choose an item. | | | | | |
| **Language(s):** | | | **Does this client speak English?**  Yes No Some  Choose an item. | | | **Alien#:** | | |
| **SS#:** | | |
| Brief description of the alleged torture:  Click here to enter text. | | | Brief description of the psychological effects of alleged torture:  Click here to enter text. | | | | | |
| Brief description of the medical effects of alleged torture:  Click here to enter text. | | | Reported reason for torture: | | | | | |
| Reported perpetrators of torture: | | | | | |
| [SURVIVORS use only] Client ID: | | | Country(ies) where torture occurred: | | | | | |

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