**Client Referral Form**

## PO Box 151240

San Diego, CA 92175-1240

Main Number: (619) 278-2400 | Fax: (619) 294-9405 | Email: survivors@notorture.org

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| **REFERRER** |
| **Referred by:**  | **Date:** Click or tap to enter a date. |
| **Agency/Office Address:**  |
| **Phone:**  | **Fax:**  | **E-mail:**  |
| **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 |
| **Last date attorney can accept final report:** Click or tap to enter a date. | **Affirmative or Defensive case:**Choose an item.**Date filed:** Click or tap to enter a date. | **Preferred gender for provider/ interpreter:** Choose an item. |
| If this request involves immigration proceedings, the average time to coordinate a forensic evaluation is 30-45 days.  |
| **PERSON BEING REFERRED** |
| **Last Name:**  | **First Name:**  | **Middle Name:**  |
| **Preferred Name:**  | **Primary phone:**  | **Secondary phone:** |
| **Address:** | **Participant in the County Immigrant Rights Legal Defense Program:**  Yes[ ]  No[ ]  |
| **E-mail:** | **DOB:** Click or tap to enter a date. | **Date of entry into U.S.:** Click or tap to enter a date. |
| **Gender:** Choose an item. | **Sexual Orientation:** Choose an item. | **Marital Status:** Choose an item. |
| **Country of Origin:**  | **Race:** Choose an item. | **Ethnicity:** | **Religion:** Choose an item. |
| **Alien number:** | **USCIS Receipt number:** | **Education prior to arrival in the U.S.:** Choose an item. |
| **English Speaker:**Yes[ ]  No[ ]  Some[ ]  | **Primary Language(s):** | **Immigration Status\*:** Choose an item.\*Must attach declaration in English for asylum seekers |
| **Employment Status:** Choose an item. | **Housing Status:** Choose an item. | **Health Insurance Status:** Choose an item. |
| **Type(s) of torture suffered:** Choose an item. | **Reported reason for torture:** Choose an item. |
| **Brief description of the medical effects of alleged torture:**   | **Reported perpetrators of torture:**  |
| **Brief description of the psychological effects of alleged torture:**  | **Country(ies) where torture occurred:**   |