**Client Referral Form**

## PO Box 151240

San Diego, CA 92175-1240

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