

MHL & AFFILIATES, LLP  
400 E. Pratt Street, Flr 8  
Baltimore, Maryland 21202

**Referral Form (Adult)**

<b>Referral Date:</b>	
Client's name	Date of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female      Ethnicity/ Race:	Age:

Medical Insurance:	Insurance number:	Copay:
--------------------	-------------------	--------

<b>Home Address</b>	<b>Phone Number (preferred)</b>
---------------------	---------------------------------

Reason for referral:	Referral Source:	Arrested in the last 90 days?
----------------------	------------------	-------------------------------

<b>Previous Counseling:</b>	
Agency Name:	Contact Number:

Thank you.