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## MCAPD REFERRAL SHEET

**REFERRAL TYPE: MARICOPA COUNTY ADULT PROBATION**

**DATE:** \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Permission to leave VM? YES NO

### Probation Officer Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Office: BCB WRC PSC Northport Durango SCTD

### Programs:

Initial intake/screening fee: \$65

Group session fee: \$25

Substance Use

8 Hour Drug Education (\$75)

DUI

Individual (\$65)

Relapse Prevention

Couples (\$75)

I hereby give my consent for release of any pertinent information for your treatment enrollment/progress to Associates in Health Psychology and from Maricopa County Adult Probation Department. By signing, I agree that each of the above agencies can exchange information related to my treatment that is deemed necessary.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Making Referral: \_\_\_\_\_ Date: \_\_\_\_\_

*Geropsychology*

*Evaluations and Counseling*

*Pain Management*