



Ethical Solutions LLC Referral Form

Client Information

Client Name:

Date of Birth:

Social Security Number:

Gender: male female

Marital Status:

Ethnicity (if known):

Religion (if known):

Current Code Status:

Facility name (if applicable):

Facility address (if applicable):

Medicare #

Medical Assistance #

Other insurance information:

Current monthly expenses:

Current income and benefits in place and amounts (SS, pensions, wages, etc.):

Current debts (mortgage, credit card, tax payments due, etc.):

Any pets/livestock and how they are being cared for:

Storage unit:

Where (if applicable)

Any firearms?



Person/Entity Making Referral

Name:

Payment source for services:

Contact info: _____

Client diagnosis (medical and psychiatric):

Please provide a brief description of the client's current situation and any relevant information regarding their history:

Is the service you are requesting supported by a medical professional? (Please attach any documentation): Yes No

What services are you requesting and why?

What do you expect Ethical Solutions services can accomplish with powers granted by the court and do you believe all powers are needed to accomplish these goals?

What alternatives have been considered?



Contact information for other parties:

Please provide contact information for professionals currently involved with the client (Case Manager, housing provider, therapists, psychiatrists, rep. payee, etc.) including name, relationship, phone number, address, and email:

Please provide contact information for all known family members/interested parties: