

Harmony House Child Advocacy Center, Inc.

P.O. Box 133 Royston, GA 30662

(706) 245-8700

**Counseling Referral**

**REFERRED BY:**

**Date of Referral:**

**Referral Name:** **DOB:** **Age:**

**Parent/Guardian:** **Relationship:**

**Address:**

**City/State/Zip:**

**County of Residence:**

**Contact Phone #’s:**

 **Cell:**

**Insurance:**

**Interview Conducted** **[ ] Yes** **[ ] No Abuse Disclosed** **[ ] Yes** **[ ] No Physical Exam** **[ ] Yes** **[ ] No**

**DFCS Contact :**

**Law Enforcement Contact:**

**Information:**