



Group Referral Form

Date of Referral:		
Referring Party:	Phone Number:	
Agency/Title:		
Client Name:	Primary Language:	
Parent/Legal Guardian:	Client DOB:	
Physical Address:		
Mailing Address:		
Primary Phone:	Work:	Cell/Message:
Briefly describe the purpose of this referral:		

If you wish to be contacted regarding this client, please attach a signed Release of Information.

You may submit your referral using any of the following methods:

Fax: (209) 223-0920

E-mail: shess@amadorgov.org

In-Person or by Mail:

Amador County Behavioral Health Services

10877 Conductor Blvd., Suite 300

Sutter Creek, CA 95685

Questions: Contact Stephanie Hess @ (209) 223-6308 or shess@amadorgov.org