Please Fax Completed Referral to Tufts University Counseling and Mental Health Service at 617-627-3019
Presenting Problem:


Safety/Risk Issues:


Strengths:


Past Psychiatric/Medication Treatment:


Current Treatment: (type, length, frequency, goals and issues in current therapy)


Relevant Psychosocial History: (developmental/family/substance abuse hx./family mental health hx.)


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