

REALITY COUNSELING SERVICES

610 E Cesar E Chavez Avenue • Lansing, MI 48906
(517) 484-4997 • Fax (517) 484-5799

313 Lansing St., Suite 6 • Charlotte, MI 48813
(517) 727-1700 • Fax (517) 727-1710

2610 Buchanan SW • Wyoming, MI 49548
(616) 475-8660 • Fax (616) 475-8667

Name _____ D.O.B. _____
 Street Address _____
 City _____ Zip _____
 Phone _____
 Convicted of _____ BAC _____
 Probation End Date _____

Client History:
 Prior Convictions? Yes No
 Assaultive History? Yes No
 Probation Violations? Yes No
 Any other info you need to verify:

Reason For Referral:

Lansing & Charlotte

- ___ Assessment
- ___ Intensive Outpatient Program
- ___ 8-Session Alcohol & Drug Group
- ___ 8-Session Marijuana Group
- ___ 12-Session Marijuana Group
- ___ 4-Session Alcohol & Drug Educational Group
- ___ Individual Counseling Session
- ___ Relapse Prevention Group
- ___ Prevention/Diversion Class (1) Day
- ___ Outpatient As Recommended
- ___ Follow-up As Directed
- ___ MRT Group

G.R./Wyoming

- ___ Assessment
- ___ Intensive Outpatient Program
- ___ 8-Session Alcohol & Drug Group
- ___ Prevention/Diversion Marijuana Group
- ___ 8-Session Marijuana Group
- ___ 12-Session Marijuana Group
- ___ 4-Session Alcohol & Drug Educational Group
- ___ Prevention/Diversion Group
- ___ Individual Counseling Session
- ___ Prevention/Diversion Retail Fraud Group
- ___ Retail Fraud Group 8-12 Session
- ___ Relapse Prevention Group
- ___ Outpatient As Recommended
- ___ Follow-up As Directed
- ___ Substance Abuse Assaultive Behavior Groups
- ___ MRT Group

___ **PBT** ___ **UA - ETG Only** ___ **UA - 6 PANEL with ETG** ___ **UA - 12 PANEL with ETG**

How often: ___ 1 x Week ___ Biweekly ___ 1 x Month ___ Other _____
 Testing Start Date _____ Testing End Date _____
 Referred by _____ Court _____
 Contact Reality Counseling Services by _____ Appointment set for _____

I, _____, hereby authorize Reality Counseling Services, its director or designee, to release information to (person and/or referring agency) and to receive information from _____. The extent and nature of the information will concern my attendance and progression in the program, and when necessary, offer recommendations for additional referral services. The purpose of this disclosure is to assist the referring agency in reaching a satisfactory disposition of my case. The authorization will remain in effect until the purpose for which it was given no longer exists. In the case of criminal justice referrals, the authorization will expire when the program receives official written notice of a change in my legal status.

Client: _____ Date: _____

Referring Agent: _____

