



Shawn McGill, MSW Consulting Inc.

1406 Mt. Royal Blvd. Glenshaw, PA 15116

Phone: 412-781-3829; Fax: 412-774-2240

Email: smcgill@shawnmcgillmsw.com ; website: www.shawnmcgillmsw.com

Group Referral Form

Client Information

Name (First):		Name (Last):		MI:		
DOB:						
Address:						
City:		State:	Zip Code:			
Phone:		Email:				
Living Situation:	<input type="checkbox"/> Residential	<input type="checkbox"/> Lifesaring	<input type="checkbox"/> Supported Living	<input type="checkbox"/> w/ Family	<input type="checkbox"/> Own	<input type="checkbox"/> Other:

Which Group Are You Interested In?

- Relapse Prevention (Sexual Offending or Criminal Behaviors)
- Relationships and Dating
- LGBT

How old is the person being referred?

Intellectual Disability?

- Yes
- No

If "Yes", please list the degree of intellectual disability:

Autism Spectrum Diagnosis?

- Yes



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No

Mental Health Concerns? Please List:

Behavioral Concerns? Please List:

Communication Needs? Please List:

Learning Needs? Please List:

Funding Source (list all that apply):

ODP Consolidated Waiver (list funding county):

Adult Autism Waiver (list funding county):

Community Living Waiver (list funding county):

Base Funds (list funding county):

Private Pay

Residential Contract

Health Insurance (next section required)

Insurance Member ID:

Social Security #:

Current or Past Mental Health Diagnoses:

Currently receiving treatment? If so, with who?

UPMC Partner Network

UPMC Premier Network

UPMC My Care Advantage HMO

UPMC My Care Advantage PPO

UPMC for Kids (CHIP)

UPMC For You **Allegheny County** (Medical Assistance)

Information on Referral Source



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Date:		
Name (First):	Name (Last):	MI:
Relationship/Entity:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	