

Self-Referral Request

Trauma Focused Cognitive Behavior Therapy (TF-CBT)

Fax or email to:
Amanda Cipriani, LCSW-C
Tri-County Crisis Response Program Coordinator
Phone 443-684-3667 Fax 410-535-4965
Email: acipriani@smcni.org and cc' TFCBT@smcni.org

Child's Information/Demographics: (please complete the following)

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ___ / ___ / ___ Home Address: _____

Phone Numbers: (H) _____ (M) _____ (W) _____

Gender: Male Female Race: Caucasian African American Hispanic Asian Other: _____

School Attended: _____ Grade Level: _____

Custody of Child is with or between whom: *if agreement is in place or in process between two parties of the child identified above as client, please prepare a copy of existing agreement:*

Reason for Referral (Child and Family Behaviors):

Currently prescribed medications: Yes ___ or No ___

Hx of Self-Harm or Suicide Attempts: Yes ___ or No ___

Primary Care or Specialist Last Seen: _____

Location Preferred for Services to Take Place:
HOME, Alternative Location, or SMCN Office

Home (Please list address)

Alternative Community Location (i.e. agreed upon private meeting area and/or VIRTUAL)

SMCN Office: Southern Maryland Community Network 305 N Prince Frederick Blvd, Prince Frederick, MD 20678

Other Pertinent Info. Needs, Accommodations, or Barriers:

Parent/Caregiver/Guardian Contact Information

If the TF-CBT Coordinator is unavailable to speak with upon sending a referral, please leave a voicemail and send an email with attached referral to acipriani@smcni.org and TFCBT@smcni.org. Please allow 24-48 working business hours for initial response. Initial contact to gather consent, and to further determine appropriateness for TF-CBT specialized services will be made within 24-48 hours. For further support or general information on the referral process, please contact our office staff by texting "TFCBT" to 410-535-4787.