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## REFERRAL QUESTIONS

**Agency:**

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**Social Worker:**

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**Client's Name:**

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**Client's Date of Birth:**

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- 1. Does this client have any diagnosable psychological disorder?
- 2. What treatment or service plan recommendations can you offer on this client's behalf?
- 3. How cooperative will this client be with treatment and service plan recommendations?
- 4. What is this client's prognosis for successfully addressing/resolving his/her problems?
- 5. Does this client need parent education services?
- 6. Does this client have any cognitive or learning problems that need to be considered or addressed?
- 7. Should this client be referred for a psychiatric evaluation?
- 8. Does this client appear to understand his/her responsibilities and contributions to the problems he/she is experiencing?
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