



# Fifth Street Counseling Center IV

SERVING BROWARD COUNTY SINCE 1991

PH: **954.797.5222** • FX: **954.797.7677** • [www.FifthStreetCounseling.org](http://www.FifthStreetCounseling.org)

**PROGRAMS:** Anger Management    Anti-Theft (Impulse Control)    Behavior Modification    Domestic Violence (BIP)  
 Drug/Alcohol Program    DUI Program    Level 1    Level 2    Ethics/Values Program  
 Group Counseling    Hair Follicle Drug Screen    Individual Counseling  
 Intensive Outpatient (IOP) Drug/Alcohol    Mental Health Evaluation    Orientation \$25 Reschedule Fee  
 Parenting Program    Psychosexual Evaluation    Psychosocial Evaluation    Sexual Offender Program  
 Treatment Plan Review Once every 30 days    Urinalysis Drug Screen    Victims of Domestic Violence  
 Women's Batterer Intervention

## CHOOSE A LOCATION

4121 NW 5th Street, Suite 206  
Plantation, FL 33317-2158

130 E. McNab Road  
Pompano Beach, FL 33060

901 South State Road 7, Suite 240  
Hollywood FL 33023

## PERSON REFERRED FOR SERVICES

First Name:

Last Name:

DOB:

SSN: (last 4 digits only)

Gender:

Reason for Referral:

Has Person Referred Received Services from Fifth Street Counseling Before:

Address:

City:

State:

Zip Code:

Country:

Cell Phone:

Alternate Phone:

Emergency Contact Name:

Phone:

Relationship to Person Referred:

Is Person Referred Currently Receiving Therapeutic Service:

If yes, with Whom:

Preferred Language for Assessment:

Preferred Language for Services:

Insurance/Funding Provider:

Policy/Member ID:

Referral Source - Agency:

Referrer Name:

Position/Title:

Phone:

Email:

If Self Referred, How Did You Hear About Us?

Name/Title of Person Completing Form:

Signature:

Date:

**Please send the completed Referral Form to Fifth Street Counseling  
be email at [Info@FifthStreetCounseling.org](mailto:Info@FifthStreetCounseling.org) or by FAX to 954.797.7677**