

F.I.R.S.T. Project, Inc. Referral Form

For Immigrants and Refugees Surviving Torture

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NAME: _____ M / F Today's Date _____

ADDRESS: _____
(STREET ADDRESS & APT #) CITY STATE ZIP CODE

HOME PHONE: _____ SOCIAL SECURITY # _____

REFERRED BY: _____ HOW LONG IN USA: _____

COUNTRY OF BIRTH: _____ DATE OF BIRTH _____

LANGUAGE OF ORIGIN _____ LANGUAGE PREFERENCE: _____

DO YOU NEED AN INTERPRETER: YES: _____ NO: _____

NAME OF INTERPRETER _____ INTERPRETER PHONE _____

NATIONALITY: _____ RELIGIOUS PREFERENCE: _____

REASON WHY YOU ARE SEEKING TREATMENT OR REASON FOR REFERRAL:

HAVE YOU EVER HAD TREATMENT FOR THIS BEFORE? Yes _____ No _____

If yes, please specify where: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO ESTABLISH YOUR ELIGIBILITY FOR THE F.I.R.S.T. PROJECT. SHOULD YOU NOT QUALIFY, WE WOULD BE HAPPY TO REFER YOU TO AN APPROPRIATE PROGRAM.

1. Are you a victim of torture or maltreatment in your country? YES _____ NO _____
2. Have you observed torture or maltreatment in your country? YES _____ NO _____
3. Did you fear torture or maltreatment in your country? YES _____ NO _____
4. Were you in captivity during the war in your country? YES _____ NO _____
5. Did you have anyone close to you in captivity during war in your country? YES _____ NO _____

Who should we call in case of an emergency? Please give the name of someone that speaks English.

Name: _____ home phone: _____ work phone: _____

Address: _____ Relationship: _____