CONFIDENTIAL

Social Work Consultation Report

Date of Report; Sender’s Initials:

Client Name:

Referring Partner:

Action Taken:

Client contacted
Case referred to outside organization(s) listed below (at next patient visit, please encourage patient to contact organization)
Issue resolved
Representation in progress
Provided resource(s) listed below (at next patient visit, please encourage patient to review resources)
Unable to reach patient

Notes:

Thank you for your referral.