



Referring persons assessment of severity/difficulty of the family's problems using a scale of 1 (easiest) to 10 (hardest) Comments:

Please list any Court hearings that are pending:

What is the precipitating crisis that prompted the referral to Intensive In-Home Family Therapy?  
(please provide detailed information)

Relevant clinical information/history of the family/children:

Additional Comments:

Contact the Intensive Family Treatment Team at (303) 432-5250  
Fax the completed referral form to (303) 432-5262