

AGENCY REFERRAL FORM

Please complete the following form and any additional information, then scan and email to:



office@discoveryhorse.com
Office Phone Number: 218-232-2495
2748 County Rd 122
Fort Ripley, MN 56449

DEMOGRAPHICS

Client's Name: _____ Client DOB: _____

Guardian Name (if client is minor): _____

Guardian Phone: _____ Client Age: _____

Guardian Email _____

Client Address: _____

City: _____ State: _____ Zip: _____

Client Phone Number: _____

Referring Person/Agency: _____

Referring Person Phone Number: _____

Email: _____

Name and Phone for person responsible for scheduling client sessions (if not client/guardian):

Is referring agent also the contact for billing? YES NO If not, what are billing instructions?

REQUESTED SERVICES (Mark all that apply)

Sessions	Frequency
<input type="checkbox"/> Individual Youth	<input type="checkbox"/> Intensive
<input type="checkbox"/> Individual Adult	<input type="checkbox"/> Twice Weekly
<input type="checkbox"/> Family	<input type="checkbox"/> Weekly
<input type="checkbox"/> Group	<input type="checkbox"/> Every Other Week
	<input type="checkbox"/> Other _____

No Show/Cancellation Policy: We are happy to assist in rescheduling appointments when needed. There is no charge for changes made with 48 hours notice. However, appointments that are canceled or rescheduled with less than 48 hours notice may be charged the full session fee.

<input type="checkbox"/> In Home	<input type="checkbox"/> In Office	<input type="checkbox"/> Both
<p>Because we offer a variety of services, we feel it is best to discover what your needs are first and then we can follow up with a customized treatment plan. Please let us know below what you would like to see for this client.</p>		

REASONS FOR SEEKING SERVICES

Concerns:

Symptoms/ Behaviors/ Issues:

Goals:

Please attach any information that you might think is necessary.

