

AGENCY REFERRAL FORM



Client Demographics

Client's Name: _____ Client DOB: _____

Guardian Name (if client is minor): _____

Guardian Phone: _____ *Client Age:* _____

Guardian Email _____

Relationship to Client: _____

Client Address: _____

City: _____ State: _____ Zip: _____

Client Phone Number: _____

Referring Person/Agency: _____

Phone & Email: _____

Name/Email/Phone for person responsible for scheduling client sessions (if not client/guardian i.e., Foster Parent):

Will payment be made by invoice? If so, whom should Discovery Horse send the invoice to?
(Please include email or billing address).

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REQUESTED SERVICES

(Circle all that apply)

Sessions	Frequency
<ul style="list-style-type: none">• Individual Youth	<ul style="list-style-type: none">• Intensive
<ul style="list-style-type: none">• Individual Adult	<ul style="list-style-type: none">• Twice Weekly
<ul style="list-style-type: none">• Family	<ul style="list-style-type: none">• Weekly
<ul style="list-style-type: none">• Group	<ul style="list-style-type: none">• Every Other Week
	<ul style="list-style-type: none">• Other _____

Reason for seeking services

What are the identified concerns that this individual/family is experiencing? Please list all symptoms, behaviors, or a summary of the issues.

What goals would you like Discovery Horse to focus on with this individual or family?