EBONY HORSEWOMEN, INC.
337 Vine Street, Hartford, CT 06112
(860) 293-2914 – Phone
info@ebonyhorsewomen.us – Email
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Equine Assisted Psychotherapy

REFERRAL FORM

CLIENT DETAILS:

Referral Date: _____

Interpreter Required. ☐ **Yes** ☐ **No**

Name: _____

Ethnicity: _____ **DOB:**_____ **Age:** _____

Address: _____ **Gender:** _____

Phone: Home: _____ **Mobile:** _____ **Work:**_____

Caretaker/Guardian#1: _____ **Relationship:**_____

Caretaker/Guardian#1: _____ **Relationship:** _____

Address (if different from above): _____

Emergency Contact: Name: _____**Relationship:**_____

Phone:_____

Insurance:

Carrier &Policy#: _____ **Effective Date:** _____

Referral Source: Name: _____ **Organization:** _____

Email address: _____ **Phone:** _____

Address:_____ **Position/Title:** _____

Is client aware of the referral? ***Yes or No***
If not, please give
reason_____

Did the client agree to the referral? ***Yes***_____ ***or No*** _____
If not, please give
reason_____

Family violence concerns. ***Yes***____ ***or No*** _____

Any safety risks for visitors. ***Yes***_____ ***or No*** _____
If yes, please provide type of risk(s) involved _____

Other health professionals/agencies involved. (Please specify)

Please list all known Psychiatric Hospitalizations, Crisis Visits or Risk Assessments that have occurred in the past year:

Hospitalization(s)	Date of Occurrence

Reason for Referral: (please check all that apply):

__**Counseling**
__**Individual Therapy (Adult & Child)**
__**Family Therapy**
__**Couples Therapy**
__**Group Therapy**
__**CBT/DBT**
__**Trauma**
__**Grief and Loss**
__**Domestic Violence**
__**Equine Assisted Psychotherapy**
__**Anger Management**

Other significant information/Summary: (please attach separate sheet if necessary):

Email to:info@ebonyhorsewomen.us

Date received: (office only) _____

Referrals can be made by GP, allied health provider, agency, self-referral or family member.

If we are unable to provide a service, we will endeavor to notify client/referrer of other appropriate services. Referrals can be received by phone, fax, mail or email detailed as above.