Please return completed form to:
Riverstone Counseling
31 Elmwood Ave
Burlington, VT 05401
hello@riverstonecounseling.org
Fax: (802) 660-0576
Or call us at (802) 864-7423 x310
Please note: email is not a secure form of communication.

Referral Form

Fill out this form in full to connect to our counseling program.
We will respond to you within 24 hours on business days.

Name: _____ Date: _____ Gender: _____ Gender at birth: _____

Social Security #: _____ Birth Date: _____ Age:_____

Ways to contact me: ☐ Phone ☐ Voicemail ☐ E-mail ☐ Drop-In

Phone #_____ E-mail_____ Other_____

Best Time/Day to Be Reached: _____ Okay to leave a message? ☐ YES ☐ NO

How would you like appointment reminders? ☐ Phone ☐ Email

Do you have Health Insurance? ☐ YES ☐ NO
If yes: Insurance company _____
Insurance ID # & Group # _____
Subscriber name & Social Security # _____
Subscriber date of birth _____
Subscriber address _____
Insurance co. MH/SA provider phone # _____

Reason for seeking counseling at this time:

_____

_____

_____

_____

Intravenous Drug User ☐ YES ☐ NO
Pregnant ☐ YES ☐ NO

Needs for Accessibility ☐ Interpreter (language) _____
☐ Accessible room
☐ Other Special Needs (specify) _____

If you are being referred by another person or agency, please tell us who is referring you:

_____

Would you like us to contact the person/agency referring you? ☐ YES ☐ NO

If yes, please provide their contact information: _____