



**Please return completed form to:**  
Riverstone Counseling  
31 Elmwood Ave  
Burlington, VT 05401  
[hello@riverstonecounseling.org](mailto: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: \_\_\_\_\_ Sex 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: \_\_\_\_\_