Please return
completed forms by fax or email:
Fax: (833) 857-8969
hello@riverstonecounseling.org

If sending by email, please note
that email is not a secure form of
communication.

For questions please call:
(802) 864-7423 x310

REFERRAL FORM

Please note that all sections of this form must be completed in full.
If information is missing, the form will be returned, which may cause a delay in processing.

CLIENT INFORMATION

Date:_____

First Name: _____ Last Name: _____

Gender: _____ Sex at birth: _____ Pronouns: _____

Date of Birth: _____ Social Security#: _____ Mother's Maiden Name:_____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone #_____ Email: _____

Best way to contact me: Phone ☐ E-mail ☐ Text ☐

Okay to leave a message? YES ☐ NO ☐

How would you like appointment reminders? Text ☐ Email ☐

Please list your availability for scheduling: _____

REFERRAL SOURCE *If self-referral skip this section*

Name/Organization:_____

Address: _____

Phone #: _____ Email Address: _____

Fax #: _____

CONTACTS

Emergency Contact: _____ Phone #: _____

Relationship to Client: _____

Please list parent/guardian information below if the client is under 18:

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Name: _____ Phone #: _____

INSURANCE INFORMATION (please include front and back copies of the insurance card)

Insurance Company: _____ Insurance ID #: _____

Group #: _____ Insurance Company Phone #: _____

Subscriber Name: _____

Subscriber Date of Birth: _____

Subscriber Address: _____

BILLING INFORMATION

Name of Responsible Person: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

REASON FOR REFERRAL (check all that apply)

☐ Clinical Assessment ☐ Mental Health Treatment ☐ Substance Use Treatment

☐ Family Therapy ☐ Parent Support ☐ Other _____

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

Brief Description of Reason for Referral: If more space is needed, please attach it. Please attach any Medical & Behavior information, court reports, social summaries, previous evaluations, etc.

NEEDS FOR ACCESSIBILITY

☐ Interpreter (specify language)_____

☐ Accessible Room (describe) _____

☐ Other Special Needs (specify) _____

RACE

☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Pacific Islander ☐ White ☐ Biracial ☐ Other ☐ Decline to answer/Don't know

ETHNICITY: (make a checklist)

☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Decline to answer/Don't know

Client's Primary Language: _____ Are you currently in school? YES ☐ NO ☐

Highest grade/education completed? _____

Are you currently employed? YES ☐ NO ☐ Please check: ☐ Full-time or ☐ Part-time