



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: _____

Preferred First Name: _____ Preferred Last Name: _____

Legal First Name: _____ Legal 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