



Horse Sense of the Carolinas, Inc. ph.(828) 683-7304 / fax.(828) 683-6281

## Referral and Phone Screening Form

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ SS# \_\_\_\_\_ M / F

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message OK? Y / N

Caller Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

**Legal Guardian: (must sign all paperwork)** \_\_\_\_\_

Legal Guardian phone numbers: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Reasons seeking therapy: \_\_\_\_\_

Previous Treatment? \_\_\_\_\_ Provider: \_\_\_\_\_

Existing Diagnoses? \_\_\_\_\_

Psychiatric Hospitalization in past year? \_\_\_\_\_

Legal Involvement: \_\_\_\_\_ On probation? Y / N

Medications: \_\_\_\_\_

Prescribed by: \_\_\_\_\_ Current Therapist: \_\_\_\_\_

Medical Issues we should know about: \_\_\_\_\_

Referring Organization / Contact Person \_\_\_\_\_

How did you hear of Horse Sense? \_\_\_\_\_

Please Mark the Correct Funding Option:  Self-Pay / Private Ins. (payment due at session)  JCPC Grant

### ↓ For Office Use Only ↓

#### If Phone Screening:

Answered by: \_\_\_\_\_ Date: \_\_\_\_\_

Client Contacted for Intake by: \_\_\_\_\_ Date: \_\_\_\_\_

Intake Made for this date and time: \_\_\_\_\_ with this therapist: \_\_\_\_\_

Please Circle Correct Location:      Marshall Facility      Mills River Facility

#### If Outside Referral:

Fax Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Client Contacted for Intake by: \_\_\_\_\_ Date: \_\_\_\_\_

Intake Made for this date and time: \_\_\_\_\_ with this therapist: \_\_\_\_\_

Please Circle Correct Location:      Marshall Facility      Mills River Facility

Is this a JCPC client? Yes No    IF yes: Court Counselor: \_\_\_\_\_