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Thank you for your interest in Adirondack Equine Assisted Psychotherapy. Please complete the following form and contact us with any questions. Email is the preferred method of communication. Thank you!

Date:

**Identifying Information:**

Client Name: Preferred First Name:

Address:

Gender/Pronouns: Date of Birth: Age:

Parent/Guardian: Phone Number:

Email address:

Insurance Carrier:

Insurance ID#:

Referring Provider: Email Address:

Phone Number:

Primary Therapist: Email Address:

Phone Number:

Case Worker: Email Address:

Phone Number:

**Reason for Referral:**

**Pertinent History:** (history of symptoms; precipitants; abuse; self-injurious behavior; level of functioning; abuse history; treatment interventions, effects, compliance, outcome):

**Social History:** (employment; school; teacher; IEP/504; education level; military history; legal status):

**Family History:** (family history of mental health/substance abuse; family make up; custody):

**Current Medications and prescriber:** (names, doses, side effects):

**Allergies:**

**Diagnosis:**

**Additional Relevant Information:**