



Haven Oaks Farm 46 Reynolds Rd. Fort Edward, NY 12828

www.AdirondackEAP.com

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. Please send completed referral form, along with any relevant information, to Assistant@AdirondackEAP.com

Date:

Identifying Information:

Client Name: Preferred First Name:

Address:

Gender/Pronouns: Date of Birth: Age:

Email address (**required for client and/or parent/guardian**):

Parent/Guardian: Phone Number:

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: