EBONY HORSEWOMEN, INC.
337 Vine Street, Hartford, CT 06112
(860) 293-2914 – Phone
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EHI Equestrian & Therapeutic Center

REFERRAL FORM

Referral Date:
Interpreter Required. ☐ **Yes** ☐ **No**

CLIENT DETAILS:

Name: **Gender:** **DOB:** **Age:**

Ethnicity: **Email:**

Address:

Phone: Home: **Mobile:** **Work:**

Caretaker/Guardian#1: **Relationship:**

Caretaker/Guardian#1: **Relationship:**

Address (if different from above):

Emergency Contact: Name: **Phone:**

Insurance:

Carrier &Policy#: **Effective Date:**

Referral Source:

Name **Organization:** **Position/Title:**

Email address:

Address: **Phone:**

Is client aware of the referral? ☐ ***Yes*** ☐ ***No***

If not, please give reason

Did the client agree to the referral? ☐ ***Yes*** ☐ ***No***

please give reason

Family violence concerns. ☐ ***Yes*** ☐ ***No***

Any safety risks for visitors. ☐ ***Yes*** ☐ ***No***

If yes, please provide type of risk(s) involved

Other health professionals/agencies involved. (Please specify)

Please list all known Psychiatric Hospitalizations, Crisis Visits or Risk Assessments that have occurred in the past year:

Hospitalization(s)	Date of Occurrence

Reason for Referral: (please check all that apply):

- ☐ Counseling
- ☐ Individual Therapy (Adult & Child)
- ☐ Family Therapy
- ☐ Couples Therapy
- ☐ Group Therapy
- ☐ CBT/DBT
- ☐ Trauma
- ☐ Grief and Loss
- ☐ Domestic Violence
- ☐ Equine Assisted Psychotherapy
- ☐ Anger Management

Other significant information/Summary: (please attach separate sheet if necessary):

Email to: hriel@ebonyhorsewomen.us or info@ebonyhorsewomen.us

(Office use only)Date received:

Availability: _____

Referrals can be made by GP, allied health provider, agency, self-referral or family member.

If we are unable to provide a service, we will endeavor to notify client/referrer of other appropriate services. Referrals can be received by fax, mail or email detailed as above.