



## Referral form

Name of client: \_\_\_\_\_

Preferred Name (if applicable): \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Birthdate and Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address, if different than above: \_\_\_\_\_

Phone number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian address: \_\_\_\_\_

Parent/guardian cell phone: \_\_\_\_\_

Parent/guardian email address: \_\_\_\_\_

Youth's insurance (Provider and ID#): \_\_\_\_\_

Reason for referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Youth's mental health or disability diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

What are the youth's strengths:

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Do staff need to be aware of any mobility or adaptive concerns (ex: unable to walk on uneven surfaces without support, fine motor skills)? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Does youth have any risk or safety concerns for staff to be aware of (ex: aggression towards others, destruction of property, sexualized behaviors)? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Youth's experience with animals:

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Does youth have a history of animal neglect or abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Family and youth are aware of referral and agreeable in participating in our program:

Yes \_\_\_\_\_ No \_\_\_\_\_

Family is aware no transportation is provided:

Yes \_\_\_\_\_ No \_\_\_\_\_

Referral source name: \_\_\_\_\_

Contact information: \_\_\_\_\_

Referral source relation to youth: \_\_\_\_\_

Date referral was made: \_\_\_\_\_

\*\*\* We have the right to refuse any referral at our discretion\*\*\*