763-202-4767 info@veemahconsulting.com www.veemah.com

Intake/Referral Form

VEEMAH

DATE OF INTAKE/REFERRAL & TYPE OF SERVICES

Date:

- ☐ Clinc Therapy
- ☐ School Therapy
- ☐ Psychological Assessment *(Provider Referral Required)
- ☐ Immigration Waiver
- ☐ Diagnostic Assessment

BASIC INFORMATION

Client Name:_____ Sex : _____ ☐ Minor ☐ Adult

If Minor, Name of Parent/Guardian _____ Date of Birth: _____

Address:

Phone: Race/Nationality: We ask to ensure we provide the best care & support based on the clients lived experiences and cultural identity.

Email:

Emergency Contact

CLIENT BACKGROUND

Describe the main reasons you are seeking our services or referring client. Include specific needs, concerns, or goals.

If you or the client referred have any past or current mental health diagnoses from a medical provider, please list them.

Do you/client referred need an interpreter? ☐ No ☐ Yes + Primary Language _____

REFERRAL INFO/PREFERENCES

Are you the client/client guardian **or** are you referring the client?

☐ I am Client/Guardian

☐ I am Referring Client

If you are referring client please provide your details here:

Name:_____ Relationship: _____

Agency:_____Phone:_____

Fax:_____Email:_____

You may include any additional details that would help us best support you/client:

_____

_____

FUNDING SOURCE

Are you/client using insurance for your service(s) or paying full rate? ☐ Insurance ☐ Full Clinic Rate

*IF DIFFERENT FROM CLIENT

Policy Holder Full Name & DOB: _____Insurance Name:_____

ID #_____Group #_____ PMI # (IA)_____

Our policy is to verify your coverage before your first appointment to ensure insurance covers the services and avoid unexpected costs.

SUBMITTING INTAKE/REFERRAL

Once completed, please email the form to **info@veemahconsulting.com or fax it to 763-355-5718.** You may also call us at 763-202-4767 between 9:00 AM and 4:30 PM, Monday through Friday, to provide the information by phone, or drop it off at the front desk of our office. Please note for psychological assessments and evaluations, a referral from a provider or community support is required. Provider referrals should be faxed or emailed to the contacts listed above.