

Intake/Referral Form



DATE OF INTAKE/REFERRAL & TYPE OF SERVICES

____/____/2025 ☐ Clinic Therapy ☐ CIBHS ☐ Psychological Assessment *(Provider Referral Required) ☐ Immigration Waiver ☐ Diagnostic Assessment

BASIC INFORMATION

Client Name: _____ Date Of Birth: _____ ☐ Minor
 If Minor, Name of Parent/Guardian _____ ☐ Adult
 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 interrupter? ☐ 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: _____

Feel free to share any additional notes, such as your preference for virtual or in-person appointments or other info.

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. Alternatively, call us at 763-202-4767 between 9:00 AM and 4:30 PM, Monday through Friday, to provide the information by phone. We will contact you within 3 business days. *Note that for psych testing, a referral from a provider or community support is required, and can be faxed or emailed as well. For school based therapy please contact your childs school social worker to start the process.