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:_____ Legal Gender:_____ ☐ 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:_____

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 or drop off at office(front desk). *Note that for psych assessments & evals, a referral from a provider or community support is required, and can be faxed or emailed as well.