

# Intake/Referral Form



## DATE OF INTAKE/REFERRAL & TYPE OF SERVICES

Date: ☐ Clinic Therapy ☐ School Therapy ☐ Psychological Assessment \*(Provider Referral Required) ☐ Immigration Waiver ☐ Diagnostic Assessment

## BASIC INFORMATION

Client Name: \_\_\_\_\_ Legal Sex: \_\_\_\_\_ ☐ Minor  
 If Minor, Name of Parent/Guardian \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ 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 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.