



Welcome to ForwardMind Wellness Group. This referral form is designed to help us gather the information needed to provide prompt, individualized, and compassionate care. We sincerely appreciate your time in completing this form and the opportunity to support you or someone you are aiding, through person-centered care that fosters authentic connection, purposeful growth, and lasting positive change.

Referral Source

☐ Self ☐ Court ☐ Probation ☐ Parole ☐ Attorney ☐ Employer/EAP ☐ Community Agency
☐ Healthcare Provider ☐ Family ☐ Other _____

Date of Referral: _____

Referring Agency

Agency/Organization: _____

Referring Professional: _____

Phone: _____

Email: _____

Payer Source

☐ Self Pay ☐ Vouchers ☐ Medicaid ☐ Private Insurance

Client Information

Client Name: _____

DOB: _____ Phone: _____ Email: _____

Address: _____

Preferred Contact: ☐ Phone ☐ Text ☐ Email

Requested Services (check all that apply)

☐ Behavioral Health Assessment	☐ Individual Therapy	☐ Group Therapy
☐ Co-Occurring Treatment	☐ Substance Use Evaluation	
☐ DUI Clinical Evaluation	☐ Level I Education	☐ Level II Education
☐ Level II Therapy	☐ Relapse Prevention	☐ Case Management

Consent to Contact

☐ Client has agreed to be contacted by ForwardMind Wellness Group.

Preferred Contact Time: ☐ Morning ☐ Afternoon ☐ Evening

Office Use Only

Date Received: _____ Intake Scheduled: _____

Assigned Clinician: _____

Disposition: ☐ Accepted ☐ Pending ☐ Waitlist ☐ Declined

Notes: _____

ForwardMind Wellness Group
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Phone: (719) 455-5817
Website: www.ForwardMindWellness.com