



# MIND SPRINGS *health*

Aspen Office

Please Fax this form to 970-920-5557

- If this is an emergency, please call our crisis line at 1-888-207-4004.
- If you do not hear back from Mind Springs Health, either we did not see this individual, or we did not receive a Release of Information that allows us to contact you.

## Individual Information

Name:

**If minor,**

Name of parent or guardian:

Address:

Phone:

Cell:

Date of Birth:

## Referral Source Information

Referring Agency:

Date of Referral:

Your Name:

Phone:

Fax:

Release Signed?  Yes  No

Why is this client being referred?

Observed Behaviors: Mental Health/Substance Abuse concerns:

What are you hoping this individual will get at Mind Springs Health?

Will referring agency be paying for the service?  Yes  No

Is authorization attached?  Yes  No

If applicable, are records attached?  Yes  No

## Mind Springs Health and Individual Plan

Assessment only, or:

Services Offered:

Clinician Providing Services:

Frequency/Duration

Agreed upon with Individual