



MIND SPRINGS *health*

Craig Office

Please Fax this form to 970-824-0313

- 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