



MIND SPRINGS *health*

Prevention. Care. Recovery.

Glenwood Springs Office

Please Fax this Form to 970.928.8852

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.

IF THIS IS AN EMERGENCY, PLEASE CALL:

West Springs Hospital 24/7 Assessment & Admissions Team at **970.201.4299** or
Colorado Crisis Services 24/7 Mobile Crisis Hotline at **844.493.8255**

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

Mind Springs Health and Individual Plan

Assessment only, or:

Services Offered:

Clinician Providing Services:

Frequency/Duration

Agreed upon with Individual