



## Rangely Office

**Please Fax this Form to 970.675.2508**

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		
<b>If minor,</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is authorization attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mind Springs Health and Individual Plan		
<input type="checkbox"/> Assessment only, or:		
Services Offered:		
Clinician Providing Services:		
Frequency/Duration	Agreed upon with Individual	