MIND SPRINGS *health*

Prevention. Care. Recovery.

Steamboat Springs Office

Please Fax this Form to 970.879.7912

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	