

Home phone: (____) _____ Work phone: (____) _____

REFERRAL INFORMATION

Reason for referral: _____

Referred by (Please check one box): Provider: _____

Family Friend Self Social Media Advertisement (where)
Other _____

I authorize you to contact my referring provider to notify him/her that I have arrived to initial session.

Yes No

RELEASE OF INFORMATION

Best contact number to reach you at: ____ Home) ____ (Cell) ____ (work)
(other): _____

May we leave message on voicemail? ____ (yes) ____ (no)

Do we have your permission to leave a message with anyone who might answer the phone number you have indicated? ____ (yes) ____ (no)

I give Grey Muzzle Manor permission to discuss my care or release Private Health Information (PHI) to the following:

Name	Relationship	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client or Legal Guardian

Signature _____ Date _____

Printed Name: _____