**Ripple Effect Counseling, LLC**

**1321 S. Hwy 160, Suite 3E | Pahrump, NV 89048 |Phone: 406-781-7401**

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| Referral for Services |

Please complete this form and send with any additional information to: [info@betheeffects.com](mailto:info@betheeffects.com)

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Requested Services (Check all that apply): |  |
| * Clinical Assessment * Individual Therapy * Family Therapy * Couple’s Therapy | * In-Home Therapy * Group Therapy * Telehealth Therapy * Psychiatric Evaluation * Medication Management |

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| --- | --- |
| Client Information |  |
| Client Name: | Date of Birth: |
| Insurance Type: | Policy Number: |
| Client Address: | Phone Number: |
| City/State/Zip Code: | Alternate Phone Number: |

|  |  |
| --- | --- |
| Person of Contact | |
| Legal Guardian: Self Parent DCFS/DFS: Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name: | |
| Address: | Phone Number: |
| City/State/Zip Code: | Alternate Phone Number: |

|  |  |
| --- | --- |
| Current Mental Health Provider, if applicable |  |
| Name: | Current Medication(s): |
| Agency: | Medication Provider: |
| Phone Number: | Types of Service Provided: |
| Fax: | Services Court Ordered? Yes | No |