



Psychotherapy Referral

Manifest Wellness

608-291-3676

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Full Name:

Date of Birth:

Gender Identity:

Preferred Pronouns

Address:

Phone Number:

Email:

Telehealth or in person?

Preference of location of services?

Emergency Contact:

Emergency Contact Phone:

Reason for Referral:

Briefly describe the presenting issues or concerns:

Previous mental health treatment (if any):

Current medications (if any):

Current diagnoses:

Cultural Considerations:

Referring Agency/Organization:

Referrer's Name:

Referrer's Phone:

Referrer's Email:

Any additional information you feel is important for us to know:

Consent and Acknowledgment:

I, the undersigned, consent to the referral for psychotherapy services and understand that the information provided will be used for the purpose of assessing and coordinating appropriate mental health care.

Client's Signature: _____ Date: _____

Ensure that you include any additional fields or information that may be relevant to your organization's intake process. Additionally, it's crucial to maintain the confidentiality and privacy of the client's information and adhere to all applicable legal and ethical guidelines.