



# Pawsitively Transformational Health and Wellness, Inc

## Referral for Services

Client's legal name, preferred name (if any) & pronouns (i.e. she/her, he/him/ they/them):

Age & birthdate:

Address, phone number & email:

Parent or guardian's name & contact info (if applicable):

Insurance name and policy number (if available) & include name of insured:

Referred by (name, title, organization, phone number, email):

Additional info. or notes:

Client is referred for:      individual therapy      group therapy: indicate option(s) below

### Adult Therapy Groups (ages 18+)

AAT (Animal-Assisted Therapy with Canines)

DBT (Dialectical Behavioral Therapy)

Mindfulness

PTS (Post Traumatic Stress)

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