

Pawsitively Transformational Health and Wellness, Inc

Referral for Services

Client information	
Legal name, preferred name (if any) & pronouns (i.e	e. she/her, he/him/ they/them):
Age & birthdate:	
Address, phone number & email:	
Parent or guardian's name & contact info (if applica	ıble):
Insurance name and policy number (if available) & i	include name of insured:
Referral Information	
Referred by (name, title, organization, phone numb	oer, email):
Additional info. or notes:	
Client is referred for: individual therapy	group therapy: indicate option(s) below
Adult Therapy Groups (ages 18+)	
Animal-Assisted Therapy with Canines DE	BT LGBTQ* LGBTQ* Allies
Midday Mindfulness Post-Traumatic Stress	
Youth Therapy Groups	
DRT Youth LGRTO Youth	

575-208-6364

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