

DIAGNOSIS

AXIS I: _____

AXIS II: _____

AXIS III: _____

TYPE OF SERVICES REQUESTED

____ GROUP SESSION ____ INDIVIDUAL SESSION ____ FAMILY SESSION

SPECIFIC ISSUES TO ADDRESS: _____

CURRENT TREATMENT GOALS: _____

ADDITIONAL INFORMATION OR COMMENTS: _____

INFORMATION OF INDIVIDUAL MAKING THE REFERRAL IF DIFFERENT THAN CLIENT/GUARDIAN

NAME/FACILITY: _____

ADDRESS: _____

PHONE: _____

Mail To:
Painted Horses, LLC
C/O April Roglitz, LCSW
175 Brown Rd.
Richmond, Me. 04357

Or

Call and make an appointment
And bring this completed document to the appointment