



The Healing Impact

Please email all referrals to info@thehealingimpact.org

(One referral per client)

Date of Referral: _____

Source of Referral: _____

Person making referral: _____ Contact email: _____

Contact Phone Number: _____ Office location: _____

Supervisor Name: _____ Supervisor Email: _____

Client Information

Client Full Name: _____ Insurance: _____

Date of Birth: _____ Insured ID #: _____

Address: _____

Race: _____ Gender: _____

Guardian Name: _____ Phone #: _____

Guardian relationship to client: _____

Case Information

Are there any concerns about the interactions with the client and guardians? Yes No

Please provide brief summary of concerns:

Signature of referring individual: _____

