



# The Medicine Horse Center

Equine Assisted Therapies  
P.O. Box 1074, Mancos, CO 81328  
Tel: 970-533-7403 Fax: 970-533-7405

## Equine Facilitated Psychotherapy Referral Form

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Recommended Frequency and Duration of Sessions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Format: \_\_\_\_\_ Group Work \_\_\_\_\_ Individual Work \_\_\_\_\_ Family Work

Specific issues to address:

Current treatment goals:

Additional information:

\_\_\_\_\_  
Health Care Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Credentials/License # Phone & Fax Numbers

\_\_\_\_\_  
Address

**Return to:** The Medicine Horse Center  
P.O. Box 1074  
Mancos, CO 81328

*Thank You for Your Participation and Referral*