MEDICINE HORSE CENTER
Horses Helping People

Equine Assisted Therapies and Experiential Learning
P.O. Box 1074/40700 Road J, Mancos, CO 81328
Tel: 970-533-7403 info@medicinehorsecenter.org

Individual Therapy (EAP) Therapist Referral Form

Client Name:_____ DOB: _____

Address:_____Phone:_____

Diagnosis:_____

Recommended Frequency and Duration of Sessions:

_____

_____

_____

Type of Format:_____ Group _____Individual _____Family

Specific issues to address:

Current treatment goals:

Current medications:

Additional information:

Health Care Professional: _____
Name License # Date

Contact information: _____

Return to:
Medicine Horse Center
info@medicinehorsecenter.org

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