



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) Referral Form

Client Name: _____ DOB: _____ Age: _____

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