



ELK MEADOW ENDURING CONNECTIONS
 685 Citadel Drive East, Suite 510
 Colorado Springs, Colorado 80909
 Phone: 719. 452. 0393
 Fax: 888. 518. 1686

Website: www.enduringconnections.org
 Email: connect@enduringconnections.org

CLIENT REFERRAL FORM

DATE OF REFERRAL	
REFERRAL FROM: NAME	
REFERRAL TO (REFEREE)	
CONTACT INFO: REFEREE	Email: _____ Phone: _____
SERVICE REQUEST	<input type="checkbox"/> Assessment: <input type="checkbox"/> Addiction/SUD <input type="checkbox"/> Mental Health <input type="checkbox"/> Co-Occurring <input type="checkbox"/> Resource Navigation/Service Planning: Chris – Elk <input type="checkbox"/> Counseling: _____ <input type="checkbox"/> DUI Services: Amada - Elk <input type="checkbox"/> Recovery Coach/Peer Mentor: Ke'nekt - Teri <input type="checkbox"/> Psych Eval/Medication Eval/MAT: APRN Mike - Elk <input type="checkbox"/> Other: _____
CLIENT - LEGAL NAME	
ADDRESS	
AGE & DOB	Age _____ DOB _____
SOCIAL SECURITY NUMBER	
GENDER IDENTITY	Gender: _____ Pronouns: _____
PHONE NUMBERS	
EMAIL ADDRESS	
CONTACT PREFERENCE	<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Text
PAYMENT SOURCE	<input type="checkbox"/> Insurance <input type="checkbox"/> Voucher <input type="checkbox"/> Self-Pay <input type="checkbox"/> Other _____
INSURANCE ID	Insurance: _____ ID# _____
NOTES	