

BitofHopeRanch.org
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Bit of Hope Ranch
5001 CR Wood Rd
Gastonia, NC 28056
704 862-0095
Fax 888 704 6251

PROFESSIONAL REFERRAL

Date	Client Name
Guardian Name	Email
Address	Cell
Insurance	Medicaid Units Used to Date

Diagnosis:

____ I, the referring professional, have discussed this referral to BOH with the above named individual and their parent/guardian (if under the age of 18) who has accepted referral to be made (initial)_____.

Referring Professional

Name	Agency
Address	Phone
Email	Fax

Type of counseling being referred for: Equine Traditional Art Therapy Combination Reason for referral

Request for Bit of Hope to act as: Clinical Home Adjunct Provider Transfer of Services (____temporary
____long term)

Can BOH call and identify as a counseling service: Yes No

Can BOH leave a message at this number: Yes No

How did you hear about the Ranch?:

Complete Equine Assisted Therapy, Wellness and Education Center

