



5001 CR Wood Rd. Gastonia, NC 28056  
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CHA Site Accredited

**PROFESSIONAL REFERRAL**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Guardian/Parent Name: \_\_\_\_\_

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

Phone Number:(cell) \_\_\_\_\_ (home) \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Type: \_\_\_\_\_ if 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 Number:(cell) \_\_\_\_\_ (office) \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**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: \_\_\_\_\_

Requesting: Professional Tour Yes No      Brochures/Business Cards Yes No      Other: \_\_\_\_\_