

ClearWind Farm, LLC
Equine Assisted Psychotherapy Referral Form

Date: _____

Client: _____

Client DOB: _____

Current diagnoses:

Referring Clinician:

Telephone: _____

Email: _____

Please tell us a little about your work with this client. What has been the focus of your treatment, what modalities have you used, and what changes have you seen?

How do you see equine assisted psychotherapy being useful to this client?

What clinical metaphors, if any, have arisen in your treatment with the client?

Is there any history of client violence to people or animals?

Return Form to Matt Case, LPC at ClearWind Farm, LLC
FAX: (336) 631-5430 • matt@clearwindfarm.com
Mailing Address: 1615 Polo Road, Winston-Salem, NC 27106

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Any medications, medical or physical limitations that impede physical activity or being outside in the sun?

Other Comments (use back if needed):