



Allied Agency Referral Form

Referrer Details		
Referral Date		
Referring Agency Name		
Referring Agency Worker Name		
Referring Agency Address		
Contact Number		
Contact Email		
Client's consent for referral	Yes / No	
Client Details		
First Name		
Family Name		
Date of Birth		
Gender / Pronouns		
Clients Full Address		
Phone		
Email Address		
Preferred Contact Person		
Clients Preferred Contact Details		
Name		
Relationship To Client		
Address		
Contact phone number		
Email address		
Special Considerations		
Requested Provider Details		
Service Provider Name	Thinkshift Pty Ltd trading as Horses Healing Us	Contact: Andrew Reay
Address	93 Howards Lane, Kyabram Vic 3620	
Phone	0411 576 676	
Email Address	referrals@horseshealingus.com.au alternative email address: aegreay@gmail.com	
Number of 55 minute sessions funded by agency		

Relevant Notes / Background
Please use this area to outline relevant background for us to support your client to the best of our ability.
Client Goals / Desired Outcomes
Please use this space to outline the goals that the client would like to achieve from the agency point of view.
Any Other Relevant Information
Please use this area to outline any other relevant information that will help us to support your client to the best of our ability.
Referral Feedback Guidelines
Horses Healing Us will be happy to provide client feedback to you the referring agency, with the client's consent.
Please use this space to advise the agency's expectations in this regard.

Thank you for the referral

Please send this referral form to: Email: referrals@horseshealungus.com.au

Clinic Phone Number: 0411 576 676