



Equine Facilitated Therapy

Kris Miner

605-831-0119

kris@genredroad.org



PROFFESIONAL REFERRAL

Date: _____

Name: _____ DOB: _____ Age: _____

Guardian/Parent Name: _____

Phone/cell: _____ Message OK? Y / N

Address: _____ City & State _____ Zip _____

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

Referring Professional: _____

Agency: _____ Phone/cell: _____

Email: _____

Agency Address: _____ City & State _____ Zip _____

Being Referring for: Equine-Facilitated Psychotherapy Equine-Facilitated Learning

Reason for Referral: _____

Diagnosis: _____

Request for HwH/Kris Miner to act as:

Adjunct Provider Transfer of Services (temporary long term)

Kris Miner 605-831-0119
Healing with Horses HORSEPOWER
26659 Blue Sage Ln. Sioux Falls, SD 57106