

- I would like to refer myself for services.
- I would like to refer an individual for services. If you are referring another person for services, please understand New Vista cannot require an individual to seek treatment for services. We can walk you through the process for getting started and explain the full continuum of services we offer.
- I am a professional and would like to refer an individual to services.

If referring yourself, please complete following:

_____ **My Name**

_____ **My Telephone**

_____ **My Email**

_____ **I prefer to be contacted by** _____ **email** _____ **phone.**

Reason for Referral Mental Health Substance Use Intellectual & Developmental Disability

If you are referring another individual, please complete the following:

_____ **Name of individual being referred**

_____ **Telephone**

_____ **Please list your relationship to the individual**

_____ **If a minor, please list the age of the minor**

Reason for Referral Mental Health Substance Use Intellectual & Developmental Disability

If you are professional, please complete the following:

_____ **Professional's Name**

_____ **Professional's Telephone**

_____ **Professional's email**

_____ **I prefer to be contacted by** _____ **email** _____ **phone.**

_____ **Name of individual being referred**

_____ **Telephone**

_____ **If a minor, please list the age of the minor**

_____ **Briefly explain reason for referral**

