



STEPS With Horses
PO Box 123737, Fort Worth, TX 76121
Ph: 682-219-8733
Fax: 888-977-1649

Provider Referral Form

Provider Information

Provider Name: _____ Date: _____

Provider Address: _____

Office Phone #: _____ Fax #: _____

Client Information

Client Name: _____ Client Phone #: _____

If applicable - For military clients, client is:

- Servicemember or Veteran
- Adult Family Member
- Minor Family Member

Guardian Name (if minor): _____ DOB: _____ Sex: _____

Presenting Concerns (*circle primary concern*): _____

Diagnosis (*if applicable*): _____

Comments/Special Instructions: _____

Please return by secure fax (888) 977-1649 or encrypted email to office@stepswithhorses.org