



New Referral Form

Please fill in the information for the person you'd like to refer below to the best of your ability. Once the form is complete and submitted back to FarsideCounseling@gmail.com, I will reach out within 3 business days.

Take care and talk soon,

Amanda Morais, LCSW

Today's Date: _____

Filling out referral for:

- ☐ Self
- ☐ Adult
- ☐ Child/Adolescent

Relationship to client if referral is not for you + contact information:

All elements of treatment at Farside Counseling are grounded in trauma-informed care and steeped in knowledge and experience with Attachment Theory, Somatic practices, and client-centered therapy that values you as the person who knows your experiences and needs the best. I utilize an integrated approach to psychotherapy that pulls from elements of Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing Therapy (EMDR), Internal Family Systems (IFS), Restorative Practices, and holistic wellness to adjust to your particular circumstances, needs, and goals. It is possible that we might use several services listed below in our time together.

Services of Interest:

- ☐ Individual Therapy
- ☐ EMDR Therapy
- ☐ Couples Therapy
- ☐ Family Therapy



Client's Legal Name: _____ **Pronouns:** _____

Client's Preferred Name: _____

Client's Date of Birth: _____

Client's Address: _____

Client's Phone Number: _____ **+ Email:** _____

Client's Legal Guardian's Name(s), Phone Number(s) and email (s) if applicable:

Preferred Method of Contact:

- ☐ Phone
☐ Text
☐ Email

Insurance + Form of Payment:

- ☐ Mainecare
☐ Medicare
☐ Harvard Pilgrim Health Care
☐ Anthem Maine Health/ Anthem BCBS
☐ Carelton
☐ Aetna

- ☐ No Insurance - Private Pay*
{If interested in sliding scale for private pay, please indicate estimated yearly income: _____} *Income verification needed prior to first session



Telehealth, In-Community (in-home/community setting/outdoors)*, or both?

*Please note that I do not conduct sessions in a traditional office setting.

- ☐ Telehealth Only
- ☐ In-Community Only
- ☐ Open to either Telehealth, In Community, or a mix of both

Primary reason(s) for seeking therapy: