



WINDHORSE

INTEGRATIVE MENTAL HEALTH

Preliminary Admissions Application



PERSONAL INFORMATION OF PROSPECTIVE CLIENT

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

GENDER

PREFERRED
PRONOUN

HE/HIS
SHE/HERS
THEY/
THEIRS
OTHER

If you are NOT the prospective client, please fill in this next section:

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

RELATIONSHIP TO CLIENT

Please outline your current situation. Information about current or recent treatment and hospitalizations is especially helpful. This will give us the context for our more detailed conversation.

How would you like your life to change through your involvement with Windhorse?

What medications are being prescribed currently, if any?

When do you need a Windhorse program to begin? (MM/DD/YY)

How did you hear about Windhorse?

- GOOGLE
- Another institution or program
- Educational Consultant
- A friend
- Social Media
- A Windhorse Blog Post

Other?

Thank you. You may fax or mail this form to your Windhorse of choice:

Northampton: (413) 585-1521 || 211 North St., Suite #1, Northampton, MA 01060

Portland: (800) 319 8261 || 2120 Southwest Jefferson Street, Suite #300 Portland, OR 97201

San Luis Obispo: (800) 319 8261 || 1411 Marsh Street, Suite #103, San Luis Obispo, CA 93401
