



**Woodstock Academy Health Office**  
(860) 928-6575 opt. 4  
nurses@woodstockacademy.org  
57 Academy Rd. Woodstock, CT 06281

**Silver Linings Counseling**  
(860) 774-2323  
counseling@silverliningsct.com  
227 Main Street. Danielson, CT 06329

## Silver Linings Counseling/The Woodstock Academy Referral Form

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SS #:** \_\_\_\_\_

**Referred By (The Woodstock Academy Schools Contact Person):**

\_\_\_\_\_

**Reason for Referral:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Parent/Legal Guardian:**

\_\_\_\_\_

**Complete Home Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

\_\_\_\_\_ **Alternate #:** \_\_\_\_\_

\_\_\_\_\_ **Parent Email:** \_\_\_\_\_

\_\_\_\_\_ **504 and/or IEP?** ☐ Yes ☐ No

**Reason(s) for Accommodations:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_ **Secondary Insurance:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_ **Name of Policy Holder:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Any other pertinent information:**

\_\_\_\_\_

\_\_\_\_\_