

# Happy Hope Wellness LLC

## Client Referral Form

Thank you for partnering with Happy Hope Wellness LLC. We specialize in neurosomatic wellness, nervous system regulation, advanced sound and vibrational therapies, and HeartMath protocols. Please complete this form to refer a client, or provide this document to your client so they may reach out to us directly.

### 1. Referring Provider Information

Field	Provider Details
Provider Name / Title	
Clinic / Organization	
Phone Number	
Email Address	
Preferred Contact	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text

### 2. Client Information

Field	Client Details
Client Full Name	
Date of Birth	
Phone Number	
Email Address	
May we leave a voicemail?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Focus Areas & Support Needed

Please indicate the primary modalities or focus areas relevant to this referral (Check all that apply):

- Nervous System Regulation & Stress Resiliency
- Heart-Brain Coherence (HeartMath Protocols)
- Somatic-Based Regulation & Vagus Nerve Support
- Restorative Sound & Vibroacoustic Therapy
- Integrative / Holistic Wellness Support

**Brief Summary of Client Goals or Relevant History:**

#### 4. Referral Pathway

<input type="checkbox"/>	<b>Provider-Initiated Contact:</b> Happy Hope Wellness LLC will reach out to the client directly. <i>(Please complete the consent block below).</i>
<input type="checkbox"/>	<b>Client-Initiated Contact:</b> The provider has shared this form with the client, and the client will initiate contact.

#### 5. Client Consent for Direct Outreach

By signing below, the client authorizes the referring provider to share this information with Happy Hope Wellness LLC for the purpose of care coordination and scheduling.

**Client Signature:** \_\_\_\_\_

**Date:**

\_\_\_\_\_

*Please send completed forms securely via email or provide a printed copy directly to the client to bring to their initial session.*