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**Referral for Counseling Form**

**Referring Source: (Person or Agency)**

Name: \_\_\_\_\_

Title or Position \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Referral Person or Family:**

Name \_\_\_\_\_

Church or Setting \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Reasons for the referral: (State in behavioral terms what the person or persons is/are doing that is non-productive.)**

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**Expectations: (Please state what you hope will be the outcome(s) of the counseling and consultation:**

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**Testing and Assessment: (Please state if structured assessment procedures should be utilized.)**

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**Feedback and information: (Please state if you are requiring specific feedback and information from me.)**

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Signature \_\_\_\_\_

Date \_\_\_\_\_