**Fort Myers**
12381 South Cleveland Ave ✦ Suite 401 ✦ Fort Myers, FL 33907
Ph: 239-266-2620 ✦ Fax: 239-842-1152

**Fort Lauderdale**
4901 NW 17th Way ✦ Suite 202 ✦ Fort Lauderdale, FL 33309
Ph: 954-595-9100 ✦ Fax: 239-842-1152

# Inbound Professional Referral for Services

Date: ____________________

## Referent Contact Information

| **Referent Name:** | **Company:** | **Ph:** |
|---|---|---|
| **Address:** | **City:** | **State:** **Zip:** |

## Client Contact Information

| **Client Name:** | **Client Ph:** | **DOB:** |
|---|---|---|

**Reason for Referral** (check all that apply)**:** ☐ Individual Therapy ☐ Family Therapy ☐ Couples Therapy
☐ Teen Therapy ☐ EMDR Therapy ☐ Other ____________________

Referral Details:

**Additional Information:** ______________________________________________

______________________________________________

______________________________________________

**-Please fax or e-mail request-**

***Note:*** *If you are a mental health, substance abuse or medical provider, please include any clinical documentation that may be helpful in assisting this client. If you would like an update once this client links with services, please be sure to have the client sign the Release of Information form located on our website under the forms section. We will not be able to provide any information without consent. Thank you for the trust you place in our practice.*

**www.apeacefulmind.org**