



A Peaceful Mind
Counseling Group

Fort Myers

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

Fort Lauderdale

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