



Fax your referral to (800) 694-3053.

We'll contact the family within 24 hours, and their intake will be within the next 3-6 days.

Once their intake is complete, we'll let you know!

## Family information

**Services of interest for patient**  
(Select all that apply)

- ☐ Child and family therapy  
☐ Parent counseling

Child name

Parent or guardian name

Child date of birth

Parent or guardian phone number

State of child's residence

Parent or guardian email address

## Referring physician

Name of provider, clinic, or agency

Name of contact person

Referring pediatrician

Email of contact person

Office phone number

Office fax number

## Referral notes

Optional: Add insurance, care or provider preferences, diagnosis or presenting issues etc.