

FAIRVIEW COUNSELING AND THE PLAY THERAPY CENTER
REFERRAL SOURCE DOCUMENT

How were you referred to FairView Counseling?

Phone Book; please list which directory, if known _____
 Insurance Company
(If you were referred by one of the above sources no further action is required.)

Treatment facility
 School
 Other Agency

May we send a thank you letter to the referral source?

Yes
 No

Referral source information:

Name: _____

Address: _____

Phone: _____

Signature of client/responsible party: _____

Date: _____

Witness: _____

Date: _____