



Thank you for choosing to refer your client to Accepted Therapy Services. To start the referral process, please complete this form and mail or fax it to Accepted Therapy Services. You can also submit this form at [acceptedtherapy.com](http://acceptedtherapy.com)

Therapist:      Nikki Dear, LCSW

Yvette Claverie, LCSW

Lori Hodges, MSW Intern

Date \_\_\_\_\_

Client Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Insurance: \_\_\_\_\_

Attach copy of insurance card if available

Diagnoses: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral Source: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_