

FAIRVIEW COUNSELING AND THE PLAY THERAPY CENTER  
REFERRAL SOURCE DOCUMENT

*How were you referred to Fairview Counseling?*

\_\_\_\_\_ Internet

\_\_\_\_\_ Phone Book      *Directory Name:* \_\_\_\_\_

\_\_\_\_\_ Insurance Co.      *Company Name:* \_\_\_\_\_

For any referral sources listed below – Please provide as much information as possible.

\_\_\_\_\_ School

\_\_\_\_\_ Physician

\_\_\_\_\_ Lawyer

\_\_\_\_\_ Other Agency

Name of person referring: \_\_\_\_\_

Facility/Department: \_\_\_\_\_

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

\_\_\_\_\_

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

May we send a non-identifying thank you letter to the referral source?    \_\_\_ yes      \_\_\_ no