



Email: info@tri-la.org | Website: tri-la.org | Phone: 225.300.8484 | Fax: 225.300.8482

Counseling Referral Form

Date of Referral:

Client Information

Client's Name:

Date of Birth:

Age:

Gender:

Race:

Address:

Phone Number:

If client is a minor. Name of legal guardian:

Phone number of legal guardian:

Referral Source Information

Name of Referring Agency:

Phone Number of Referring Agency:

Name of Person Referring Client:

Phone Number of Person Referring Client:

Please share your reason for referral and incorporate as much detail as possible:

For OFFICE USE ONLY

DATE RECEIVED:

NAME OF THERAPIST ASSIGNED: