



PASTOR REFERRAL FOR THERAPY FORM

I, _____, endorse the individual listed below as a member of my church and support him/her in seeking services at your center. Based on this referral, the church member is eligible for reduced therapy fees at 50% off the standard rate. Should the individual need any assessment services, the cost related to the assessment will be negotiated with the staff counselor. I understand that I will not be privy to the matters discussed in therapy without the expressed written consent of this individual.

Pastor Signature

Date

Church Name

Church Telephone Number

Church Address

Zip Code

Individual Referred (Please Print)

Telephone Number

Individual's Signature

Date

**Prepare copy for the Administrative & Client Services Manager.*