



# Thought Perspectives

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## Professional Referral Form

Please check all that apply:

- I would like to refer someone to Thought Perspectives Counseling.
- I would like to obtain referrals from Thought Perspectives Counseling.
- I would like to add Thought Perspectives Counseling to my referral list.

**Referral sources please provide me with your information below:**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear of Thought Perspectives?

\_\_\_\_\_

**Please provide me with the information on the person you are referring below:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Brief description of presenting problems \_\_\_\_\_

\_\_\_\_\_

**Referrals can be sent directly by mail or to our confidential fax number:**

**Thought Perspectives**

**31275 Northwestern Hwy., Suite 120**

**Farmington Hills, MI 48334**

**Fax: 248.932.0220**