

**Referral to Cherokee Center for Change Counseling's
Reins of Change**

Date: _____

Referring Clinician: _____

Best Contact Info For Referring Clinician: _____

Referring for: Individual Counseling Family Counseling

Couples Counseling Assessment Sessions

Client: _____ Age: ___ Client: _____ Age: ___

Client: _____ Age: ___ Client: _____ Age: ___

Will you continue to see this client? Y N Are you transitioning this client? Y N

Requesting sessions begin in the week of: _____

Requesting Clinician: Morgan Patrick, LAPC Christine Crook McDonald LAPC, NCC Either

A few good times for our clinicians to contact you: _____

The Reins of Change clinician will give you a call to discuss the referral. If you would like to provide any additional information you may discuss it at that time or make notes on the bottom of this paper.