

**Licensed Therapist & ACPI
Certified Coach® for Parents**
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COUNSELING • CO-PARENT & PARENT COACHING • CLASSES & WORKSHOPS • SUPPORT GROUPS

Referral Form for Christine's Pro Bono Program

Referring Agency/Organization: _____

Name of person making referral: _____

Phone: _____

Client Information

Name: _____

Address: _____

Phone: _____

Reason for Referral

Is this client mandated to receive counseling services? Yes No

Is this client motivated to participate in counseling? Yes No

I have limited pro bono spaces available at any given time. If I am unable to provide assistance would you like the client placed on a waiting list? Yes No

If I have an immediate slot available I will request any records this agency/organization may have with a signed release of information and I will also request the client fill out my intake questionnaire which can be filled out online or by hand.

I hope that I may be of assistance!

Thank you, Christine Hurst, LCPC & CCPS