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SHINE Counseling, PLLC is a private, fee-for-service psychotherapy clinic offering one-to-one therapy for anxiety, impulsivity, depression, relationships, and behavioral concerns.

Date of Referral: _____

Client Name: _____

Client Gender: _____ Birth Date: _____

Address: _____

Patient Telephone: _____

Reason for Referral/Presenting Problem: _____

Current Medications, if any: _____

Additional Comments: _____

Referring Physician/Professional (please complete or use stamp):

Telephone:

Address:

Signed: _____

Many thanks for your referral.