



LegaCEE Counseling and Consulting

Mechanicsville, VA 804-410-1195*

Client Referral Form

Name: _____ DOB: _____

Insurance Provider: _____ Insurance No: _____

Email: _____ Phone: _____

Guardian (minor clients only) _____

Email: _____ Phone: _____

Preference of Provider: Yes or No, if yes, who? _____

Preference of Services Received: __ Virtual, __ In-person, __ No Preference

Reason for Referral:

Please email to info@legaceecounselingandconsulting.com

LegaCEE staff complete:

Date of initial contact: _____ Date of consult: _____