**A logo for a counseling services

Description automatically generatedClarity Counseling Services**

**Theresa M. Lampack, LMHC**

**200 Washington St., Suite 205**

**Watertown, NY 13601**

**Phone: 315-860-1781 Fax: 315-800-6487**

**Referral Form**

# Client Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First M.I.*

Address:

*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: Insurance

Reason for Referral:

# Referral Source

Full Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Last First*

Address:

*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone:

# Return Form

**Please fax completed form to: Theresa Lampack, LMHC, 315-800-6487**