

**WALLIS AND ASSOCIATES PROFESSIONAL COUNSELING SERVICES, INC**

671 Lumpkin Campground Rd., Dawsonville, GA 30534 Office: 706.490.0204  
www.walliscounseling.org

**REFERRAL INFORMATION**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian (if applicable):

\_\_\_\_\_

Reason for

Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Agency/Organization: \_\_\_\_\_

Do you wish to be contacted regarding outcome? \_\_\_\_\_yes \_\_\_\_\_no

I understand that a referral is being made to **Wallis and Associates Professional Counseling Services** on my behalf

\_\_\_\_\_

Client/Guardian Signature