

YOU MATTER

COUNSELING AND WELLNESS

Referral Form

Fill in the fields below, save this PDF, and email it to referral@youmatter-counseling.com
You don't have to have everything figured out before you begin.

NAME

First name

Last name

DATE OF BIRTH

PRONOUNS

PHONE NUMBER

EMAIL ADDRESS

PREFERRED METHOD OF CONTACT

☐ Phone ☐ Email ☐ Either

ARE YOU SEEKING SERVICES FOR

☐ Myself ☐ My Child ☐ My Family ☐ My Partner ☐ Other

If other, please specify

SERVICE YOU ARE INTERESTED IN (check all that apply)

☐ Individual Therapy ☐ Child / Adolescent Therapy
☐ Couples Therapy ☐ Family Therapy
☐ Medication Management ☐ Not Sure — I'd Like Help Choosing

INSURANCE PROVIDER

PREFERRED PROVIDER

☐ No Preference ☐ I Have a Provider in Mind

If you have a provider in mind, write their name

PREFERRED APPOINTMENT TYPE

☐ In-Person ☐ Telehealth ☐ Either

Referral Form · continued

WHAT BRINGS YOU TO YOU MATTER COUNSELING AND WELLNESS?

Please share a brief description of what you're looking for support with.

PREFERRED DAYS / TIMES FOR APPOINTMENTS

HOW DID YOU HEAR ABOUT US?

OPTIONAL SIGNATURE

Name / signature

Date

How to send this form

- 1. Fill in the fields on your phone, tablet, or computer.
 - 2. Save or download the completed PDF.
 - 3. Email it to referral@youmatter-counseling.com
- A member of our team will reach out to discuss next steps.

Please do not include emergency or crisis information in this form. If you are experiencing a mental health emergency or are in immediate danger, please call 911 or contact 988 for the Suicide & Crisis Lifeline.

Your healing matters. Your story matters. And it all starts with you.