



Outpatient Counseling Referral Form

refer@lifebridgecounseling.com

540-523-8099

Referral Date:	Full Name:		
Email Address:		Phone:	
DOB:	Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:			
Parent/Legal Guardian (if applicable):			
Other Custodial Contact (if applicable):			
Referral Source:		Referral Source Phone:	
Referral Source email:			
Referral Source Agency (if applicable):			
Ins. Carrier(s):		Ins ID#:	
Reason for Referral:			
Please Indicate Therapist and/or Schedule Preferences:			
Staff Completing Form:		Date:	

**Tele-health services offered state-wide.
In-person counseling available at the following locations:**

5673 Airport Rd
Roanoke, VA 24012

605 Calvert St
Staunton VA 24401

285 S 6th St
Wytheville, VA 24382

10187 Brook Rd
Glen Allen, VA 23059

11961 Ironbridge Rd
Chester, VA 23831