

## **REFERRAL PROTOCOL**

There might be times when you want to refer a client to another professional, and you will want to do this in a way that causes the least amount of stress to your client. This form is designed to help you prepare a referral list to give to clients when the need arises.

The referral might be for a supplemental profession such as a physician, nutritionist, or physical therapist, or it may be to another psychotherapist or counselor in the event you are terminating a client or you feel additional mental health services may be helpful.

Preparing this referral list in advance will make the referral process most useful to your clients. You will want to update it frequently, making sure that the referral information is accurate. If you are making a referral as a result of termination, check with therapists who might be appropriate and determine if they are open to this referral.

## PROFESSIONAL REFERRAL LIST

The following professionals have excellent reputations, and I feel comfortable recommending them. However, please note the choice of a professional in the mental health field is a very important one, and only you can decide if a particular professional is right for you. If you need additional referrals, please let me know.

Name \_\_\_\_\_

Specialty \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Specialty \_\_\_\_\_

Address \_\_\_\_\_

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