

**The Nurturing Space Counseling, PLLC Referral Form**

**Phone: 231-571-0445**

**Fax: 844-693-1413**

**Patient Client Information**

Legal Name: \_\_\_\_\_

Parent's Legal Name (for minors): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address (if known): \_\_\_\_\_

Summary of Presenting Issues/ needs (or attach a separate form from the patient's chart)

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**Referring Provider Information**

Provider and Practice Name: \_\_\_\_\_

Provider / Practice Phone Number: \_\_\_\_\_

Provider / Practice Fax Number: \_\_\_\_\_

Provider / Practice Address: \_\_\_\_\_

Thank you for entrusting us with your patient's care!  
We will make every effort to make contact with your patient within two business days to  
provide options.