LifeSteps Counseling
P: 320-732-3344 F: 320-732-3352
15 1st Ave S, Ste 2, Long Prairie, MN 56347
E: info@lifestepslp.org

Referral Form

Referral from: _____

Client Name: _____ **DOB**_____ **Today's Date**_____

Address_____

Phone: _____ **Alternative Phone**_____

Health Insurance (Primary): _____

Group ID #: _____

Individual ID #: _____

Health Insurance (Secondary): _____

Group ID #: _____

Individual Id #: _____

Please list your primary care physician and clinic: _____

_____

What would you like to address during therapy for yourself, child, or family? _____

_____