



Referral Form

Counseling

Life Coaching

Referral date: _____

Doug Wells, LPC - Psych Fit llc -Counseling services for individuals,
Adults and Adolescents, Families and couples.

A. Instructions

Please complete the following and send this form, along with any additional information to:

referral@psychfit.net

(Form can be completed online at psychfit.net)

Psych Fit llc - Office location:

501 Pine Tree Rd, Suite A-6

Longview, TX 75604

(430) 201-4646

FAX (903) 797-9070

B. Client Information

Name:	
E-Mail:	Phone:

C. Payment source:

<input type="checkbox"/> Client will be responsible for payment <input type="checkbox"/> Church will be responsible for payment <input type="checkbox"/> Other: _____

D. Referred by:

Name:	Phone:	Email:
How do you know this individual?		
How do you feel we may help this individual?		

At **Psych Fit** we believe that good mental health goes hand-in-hand with good physical health.
As we assist you with your mental health concerns, we will guide you on how to achieve good physical health.