

Referral for Talk Therapy

Miranda Rohe, LCSW | Lightwork EMDR Therapy

Patient Name	
Date of Birth	
Phone Number	
Email Address	
Referred By:	

Reason for referral (Please attach additional pages if needed)	
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Diagnosis	
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Does the client have a history of suicidal or homicidal ideation? If yes, please describe. Does the patient have a safety plan in place?	
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Please attach:

-Release of Information (either your own or the one provided)

Fax the completed form and attachments to:

Miranda Rohe, LCSW

315-753-8750