REAL THERAPY SOLUTIONS INC
1620 Tamiami Trail Ste 210
Port Charlotte, FL 33948
941-276-7889
www.rtsflinc.com

Date: _____

Client Name: _____ School/Grade:_____

DOB:_____ Age:_____ Birth City/St:_____

SSN:_____ Medicaid#: _____

Address:_____

City/St/Zip:_____ Phone:_____

Email:_____ Referred by:_____

Referring Agency Name and Phone:_____

Court Ordered: Y or N (include copy) Caregiver Name:_____

Counseling Need: Office based or Community Based

Brief Description of pressing Issue(s):

Send copy of referral to Randy at randall.crouch@realtherapysolutions.com
Referrals are contacted within 24 business hours of receipt of referral and verification of insurance