

Kenneth P. Smith, M.Ed., MRC, LPC

Professional Counseling and Psychotherapy

## Referral Form (PLEASE PRINT)

Referred By: _____ Agency: _____ Date: _____
Address: _____ Phone# _____ Fax# _____
Email: _____ Treating Physician Signature : _____
Diagnostic code(s) _____

Patient's Name: _____ DOB _____
Patient's Address: _____
Telephone# _____ Email _____

Reason for Referral:     
--

1990 Augusta Street  
Suite 204  
Greenville, SC 29605  
(864)546-8027  
864-309-8080 (fax)  
kensmith@kensmiththerapy.com  
www.kensmiththerapy.com