

FAX REFERRAL FORM:  
Professional Counseling Services

>> HIGH PRIORITY <<

**FAX TO JESSICA WADE, MA, LPCC at 614-707-4707**

Referrals will be personally contacted by phone

Patient Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Referred by: \_\_\_\_\_  
(include name + phone)

Best time(s) to contact Patient, Monday-Friday (please circle):

8-10am

11am-1pm

2-4pm

5-7pm

8-9pm

Insurance: \_\_\_\_\_

Stated Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alfa Counseling and Consultation, LLC

www.alfarelationships.com 216 Bradenton Avenue Dublin, Ohio 43017 p: 614-547-9233

Please note that Alfa Counseling and Consultation is not a crisis intervention facility. Life threatening and violence situations should be routed immediately to NetCare Access, 911, a local emergency room, a violence shelter, or another qualified crisis intervention facility.

**Do not fax crisis or violence matters. Please route immediately to emergency assistance.**