



New Client Referral Data

The SUMMIT Therapy Center
4419 Cleveland Rd, Wooster, OH 44691
Ph: (330)345-8450 Fax: (330)345-5899

Please fill this out to the best of your ability and bring it to our office. Thank you!

Therapist:

Caller:

Client Name:

Phone Number:

Insurance:

Referred By:

General Complaint:

Any Legal Issues/Request for Court Reporting:

Scheduled Time: