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REQUEST FOR PROFESSIONAL COMMUNICATION

I want to thank those who referred you to me and contact those who should be a part of your case management team, as treatment dictates. Contact for case management is for the purpose of furthering goals established in counseling. It does not involve the release of any written records. Reason for any contact will be clearly stated below.

I authorize **Jeremy J. Lanning MA, LPC** to consult with:

Referral Source	Name:
	Address:
	Phone:
	Relationship:
	Purpose:
Primary Care Doctor	Name:
	Address:
	Phone:
	Purpose:
Psychiatrist	Name:
	Address:
	Phone:
	Purpose:
Other: Dietician, OBGyn, Hospital, Pastor, Family member, Therapist, School counselor, etc.	Name:
	Address:
	Phone:
	Relationship:
	Purpose:
	Name:
	Address:
	Phone:
	Relationship:
Purpose:	

Client Signature: _____ Date: _____

Printed Name: _____