

Valley Counseling Referral Form for
Chardon Community Day Care Center



Child's Name: _____

Parent: _____

Phone(s): _____

Address: _____

School / Location: _____

Person making the referral: _____

Reason for referral: _____

Informed consent for treatment:

I (for) above child do hereby voluntarily consent to assessment, recommendation, and/or treatment services by Valley Counseling Services. I acknowledge that no guarantees have been made to me concerning the result of any assessment or treatment that may be rendered. Further, I understand that assessment and treatment will involve discussion of personal events in my own history which, at times, can be discomfoting.

Parent permission: (either in writing or verbal):

Date: _____

Insurance: _____

Please fax or call at numbers provided below. Thank you for your referral ☺

Fax: (330) 393-5975

Phone: (330) 395-9563

Valley contact for this program: Leslie Morris

Valley Counseling Services

318 Mahoning Ave.

Warren, OH 44483

<http://www.vcsinc.org>