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## KAAFI COUNSELING REFERRAL FORM

**Please Fax this Form to 1-877-317-9406**

Kaafi Counseling, LLC is a private insurance-based practice. We offer individual, couples, and family therapy. Our approach is collaborative, holistic, and strengths-based, and we draw on various modalities to best meet the unique needs of each client. We believe that through self-exploration, psycho-education, and a supportive relationship, all people can create meaningful change in their lives.

Date of Referral: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Telephone: \_\_\_\_\_

Reason for Referral/Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

Current Medications, if any: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Referring Individual's Name: \_\_\_\_\_

Referring Physician/Professional (please complete or use a stamp): \_\_\_\_\_

Telephone: \_\_\_\_\_

Many thanks for your referral.

Fartun Mohamud, Ed.D., LMHC

Clinic Director