



**REGENT**  
UNIVERSITY

Psychological  
Services Center

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## PASTOR REFERRAL FOR THERAPY FORM

I, \_\_\_\_\_, endorse the individual listed below as a member of my church and support him/her in seeking services at your center. Based on this referral, the church member is eligible for reduced therapy fees at 50% off the standard rate. Should the individual need any assessment services, the cost related to the assessment will be negotiated with the staff counselor. I understand that I will not be privy to the matters discussed in therapy without the expressed written consent of this individual.

\_\_\_\_\_  
Pastor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Church Telephone Number

\_\_\_\_\_  
Church Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Individual Referred (Please Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

***\*Prepare copy for the Administrative & Client Services Manager.***