

THE LIFEWORKS GROUP, P.A.
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REQUEST FOR PROFESSIONAL COMMUNICATION

The Lifeworks Group, P.A., is a collaborative agency. We want to thank those who referred you to us and contact those who should be a part of your case management team. 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 The LifeWorks Group, P.A. 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:	

Printed Name

Signature

Date

Witness

Date