WARREN ASSOCIATION OF BAPTISTS
CHRISTIAN COUNSELING REFERRAL FORM

Person(s) Referred for Counseling

Name _____ Phone _____

Address _____

Description of Problem _____

Referring Pastor

Name _____ Church _____

Licensed Counselor to Whom Client Is Referred

Name _____ Phone _____

Address _____

Billing Party

Warren Association of Baptists
6448 Scottsville Road
Bowling Green, KY 42104
(270) 842-4160

This Box for Warren Association of Baptists Office Use Only

Request Authorized by _____ Date _____

Referred client is approved for up to 5 counseling sessions at $60 per session unless indicated:

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