

Willow's Way Behavioral Health

Referral / Request for Services

Complete on your device or print and write. Completing this form does not send it.

Bring it to the office, or call 606-302-1834 to arrange a secure way to return it.

Do not send the completed form through ordinary email or the pet-photo form.

Person requesting services / client name

Date of birth

Parent / legal guardian name, if the client is a minor

Contact phone number

Best time to call; is it okay to leave a voicemail?

Person or organization making the referral; relationship to client

Brief reason for seeking services (optional; no detailed history needed)

Scheduling preferences / accommodations requested (optional)

Date completed

103 Walnut Street, Pineville, KY 40977 | 606-302-1834

A referral does not establish a counseling relationship or guarantee availability.

This form is not monitored for emergencies. For immediate danger call 911; call or text 988 for crisis support.