

Referral for Meg Young, LCSW

**Meg Young LCSW, PLLC
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Tel: 941-462-4807
Fax: 941-348-1334**

Please fill out ALL sections below and fax back to 941-348-1334

Referring Provider Name and Practice: _____

Client name: _____

Client phone and email: _____

I confirm the client gave permission for me to share their contact information (Please write yes or no): _____

Reason for referral:

Best time to contact: _____

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