



Trauma Recovery Network
for DeKalb and Fulton Counties
TRN Coordinator- Edward Anderson, LPC
770 827 0533
healingpaththerapy@gmail.com

REFERRAL FORM FOR SERVICES

Name of Referring Person: _____

Name of Individual Needing Services: _____

Address: _____ County: _____

Contact Number: _____

Email Address: _____

Date of Incident: _____

Incident: _____

Please print this form and email it to healingpaththerapy@gmail.com and a therapist will reach out to you within 1-3 business days.