

Name \_\_\_\_\_

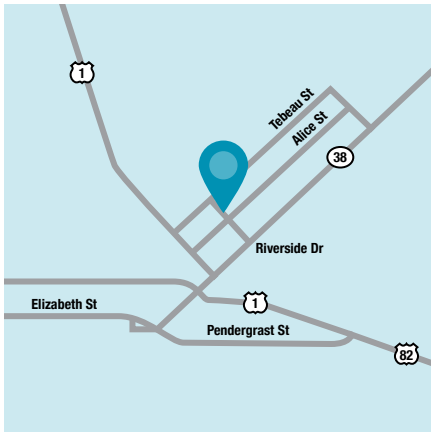
Mon     Tue     Wed     Thu     Fri

Date \_\_\_\_\_

Time \_\_\_\_\_

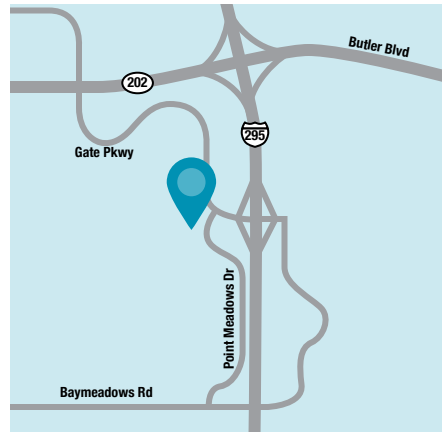
Reason for Referral \_\_\_\_\_  
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\_\_\_\_\_

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