



## CHANGE OF SERVICE PROVIDER REQUEST FORM

### Transfer Policy

- You may request to transfer therapists/providers or outpatient locations.
- To do so, complete this change of service provider form and return it to the front desk. A supervisor will review the request.
- You will then be contacted to inform you of the decision and if approved, scheduled with the new therapist or prescriber.

**This form must be filled out in its entirety. Forms that are partially completed will not be approved.**

Client's Name: \_\_\_\_\_

Name of person requesting change (if different from the client):  
\_\_\_\_\_

Relationship to the client: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Who is your current therapist/provider? \_\_\_\_\_

Reason for requesting a new therapist or service provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where are you being seen now? \_\_\_\_\_

Is there a specific provider you would like to see? \_\_\_\_\_

If YES, who recommended this provider? \_\_\_\_\_

If the client is a minor child, are all guardians in agreement with this change? \_\_\_ YES \_\_\_ NO

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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