



FOUNDATIONS

Dyslexia & Learning Centers

foundationsdlc.com

BLOOMINGTON • COLUMBUS • SEYMOUR

REFERRAL FORM

Date: _____

Name: _____

DOB: _____ Age: _____ Male: _____ Female: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ E-mail Address: _____

Guardian: _____ Phone: _____

(if applicable)

Referring Concerns: _____

Referring Individual/Agency: _____ Phone: _____

Please fax or scan and email your completed referral form to the
Foundations Dyslexia & Learning Center near you.

Bloomington Center

812-339-0822

bloomington@foundationsdlc.com

Columbus Center

812-379-8068

columbus@foundationsdlc.com

Seymour Center

812-523-8416

seymour@foundationsdlc.com

OFFICE USE ONLY:

Therapist: _____

Date of Intake: _____