



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: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

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

812-650-1235

dawn@drdawnlindeman.com

Columbus

812-379-8068

drdoup@foundationsdlc.com

Seymour

812-523-8416

jill@christopherandassociates.com

OFFICE USE ONLY:

Date of Intake: _____