



155 N. Water St., Kent, OH 44240, 330-678-3006

## Problem Gambling Assessment Referral Form

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

CLIENT PHONE: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

REFERRAL MADE BY (NAME & CREDENTIALS): \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

ADDITIONAL  
INFORMATION: \_\_\_\_\_

FAX FORM TO:

Bill Newberry, LCDCHL, ICGC-1 - 330-677-7047

[billn@townhall2.com](mailto:billn@townhall2.com)