



Submit a Referral to Bright Future Counseling

If you are an individual seeking services or a support professional looking to connect a client with our services, please fill out and submit the referral form below and our intake specialist will contact you shortly. Required (*)

Services Requested (Y/N) *

Diagnostic Assessment (DA) ___
ARMHS ___
Psychotherapy ___

Client Contact Information *

First Name: _____ Last Name: _____
Phone: _____ Email: _____

Client Demographics *

Date of Birth (MM/YY/DDDD): _____
Gender Identity: _____

Client Address

Address: _____
City: _____ State: _____ Zip: _____ Country: _____

Referring Agency (if applicable)

First Name: _____ Last Name: _____
Phone: _____ Email: _____

Contact Us:

Bright Future Counseling Services, LLC

7365 Kirkwood Ct. N. Suit # 345 Maple Grove, MN 55369

T: (763) 204-8874 F: (763) 204-8873