



## **PFLAG Cape Cod**

*Providing Support, Education & Advocacy to Parents, Families,  
Friends, Allies & Members of the LGBTQ Community*

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PO Box 262, Marstons Mills, Massachusetts 02648  
www.pflagcapecod.org      info@pflagcapecod.org

### **Questionnaire for Therapists interested in being on PFLAG Cape Cod's Referral List**

*Please fill out this form and send to [info@pflagcapecod.org](mailto:info@pflagcapecod.org) or to the mailing address above.*

1. Please provide your name, office address, phone number, email address and website if you have one.
2. Please list your degrees, certifications, and any special training you have had.
3. Which of the following groups of people do you have an interest in and experience with counseling:  
lesbian / gay / bisexual / transgender / queer & questioning / intersex & asexual  
family members of any of the above / all of the above
4. What age group(s) do you counsel: children, teens, and/or adults?
5. Do you identify yourself as LGBTQ+? *(Your response to this question will not be included on our website, but used over the phone if/when people ask.)*
6. Please elaborate on your interest and experience in counseling LGBTQ+ people and/or family members. If you indicated experience with transgender clients, please tell us how many transgender clients you have seen.

*"PFLAG envisions a world where diversity is celebrated and all people are respected, valued, and affirmed inclusive of their sexual orientation, gender identity, and gender expression."*