



**Creating a caring, just, and affirming world
for LGBTQ+ people and those who love them.**

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 it to info@pflagcapecod.org or to the mailing address above.

Please provide your name, office address, phone number, email address, and website if you have one.

Please list your degrees, certifications, and any special training you have had.

Which of the following do you have an interest in and experience with counseling (please circle)?

lesbian gay bisexual transgender non-binary queer & questioning intersex & asexual
couples family members of any of the above all of the above

What age group(s) do you counsel (please circle)? children teens adults

Please elaborate on your interest and experience in counseling LGBTQ+ people and/or family members. If you have experience with transgender clients, approximately how many transgender clients you have seen?