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Local Referral Starter Kit

Build genuine referral relationships near you, with a 90-day plan, ready-to-send templates and clear ethical guardrails.

Program	Resource	Version	Prepared for
Moonraker Academy free bonus	Referral relationships	October 2026	Your practice





PREPARED BY

Scott Pope

Moonraker Academy

How to use this kit



The strongest referrals come from people who already trust you: physicians, colleagues and community partners who know who you help. This kit gives you a realistic plan, two contacts a week, to build those relationships properly.

Everything here is designed to stay within your professional and privacy obligations. Adapt the templates to your own voice and the people you serve.

Scott Pope Moonraker Academy

What is inside

1. **Referral-partner map**
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Professional referrals are some of the best-matched new clients a practice can get. A physician, school counselor or fellow therapist who knows your work refers people they think you can help, and those people often arrive already trusting you.

Referral relationships do not come from a single mass email. They come from a handful of real professional connections, built a little at a time and kept up. This kit is designed for a busy clinician: about two contacts a week, roughly an hour in total.

Inside:

- A referral-partner map showing who refers to therapists and why.
- A 90-day outreach plan, week by week.
- Copy-ready templates for introductions, follow-ups, thank-you notes and a one-page practice referral sheet.
- A simple tracker for relationships and referral counts, with no client identifiers.
- Ethics and compliance guardrails, so every relationship stays clean.
- Community and grassroots ideas for building local presence.

How to use the templates. Every template sits in a bordered box. Text in **[square brackets]** is a placeholder: replace it with your own details and delete the brackets. Make each message sound like you, and personalize at least one line for the person you are writing to. A short, specific note works better than a long, general one.

> **Important.** This kit is practical guidance, not legal advice. Your practice is responsible for its own compliance. Check anything you are unsure about with your licensing board or professional body, your professional liability insurer, or a lawyer who works with health practices in your jurisdiction.

1 Referral-partner map

Start with the categories that match your specialties and the people you see. You do not need all of them. Three or four strong relationships will usually do more than twenty weak ones.

Partner category	Why they refer	What they need from you	Good first approach
Primary care physicians and GPs	They see mental health concerns every day and need somewhere reliable to send people, fast	Clear specialties, current availability, fees or insurance, a simple way to refer	Short email or letter to the practice manager with your referral sheet
Pediatricians	Parents raise anxiety, behavior, school and family concerns at checkups	Ages you see, approach with parents, waitlist status	Letter to the practice manager, offer a short in-service for staff
OB/GYNs and midwives	Perinatal mood and anxiety, birth trauma, pregnancy loss, fertility stress	Perinatal training, speed of access, telehealth options	Intro email, offer a one-page perinatal resource for their patients
Psychiatrists and psychiatric NPs	Their patients often need therapy alongside medication management	Modalities, diagnoses you treat, willingness to coordinate care with consent	Peer-to-peer email suggesting a 15-minute call
Other therapists	Full caseloads, different specialties, different populations, or a client who needs a different fit	Your niche, availability, fees, who you do not see	Peer intro email, coffee or video call, swap referral sheets
School counselors	Students and families need community-based support beyond what schools provide	Ages, school-related specialties, after-school availability	Email to the counseling department at the start of a term
University counseling centers	Short-term services, long waitlists, students needing ongoing or specialized care	Student fees, location, telehealth within the state or province	Email to the center's referral coordinator
Employee Assistance Programs (EAPs)	They need providers to take referrals after short-term sessions, or to join their network	Credentials, licensing, availability, how you handle EAP sessions	Check the EAP's provider application process
Family and divorce lawyers, mediators	Clients going through separation, custody or family conflict often need support	Clear boundaries: therapy, not evaluations or court reports, unless you offer them	Brief intro letter, offer a resource list for their clients
Clergy and faith leaders	Congregation members bring personal and family struggles to them first	Respect for faith, whether you offer faith-integrated therapy	Introduction through a mutual contact, or a brief letter

Partner category	Why they refer	What they need from you	Good first approach
Community organizations	Settlement services, LGBTQ+ centers, parenting groups, veterans groups, disability services	Cultural responsiveness, relevant experience, fees or sliding scale	Offer a free talk or workshop (see Section 6)
Fitness and wellness providers (where appropriate)	Clients share stress, body image, injury or burnout concerns	A clear scope: they refer, you do not cross-promote services	Only where there is a natural fit, such as eating disorder or sport-focused work

Country notes

- **Australia.** For psychologists, the main referral route is through GPs. A GP (or a psychiatrist or pediatrician) refers a patient under a Mental Health Treatment Plan so they can claim Medicare rebates through the Better Access initiative. GP practices are usually your most valuable relationship. Make sure your referral sheet clearly says whether you accept Better Access referrals and how the GP should send them. Check the current Better Access rules, as eligibility and referral requirements have changed over time.
- **Canada.** Family physicians and EAPs are the two most common professional referral sources. Many clients pay through extended health benefits, so state which professional designations you hold, since plans often specify which designations they cover.
- **United States.** Physicians, psychiatric prescribers and other therapists are usually the strongest sources. Be clear about which insurance plans you are in network with, and whether you offer superbills for out-of-network reimbursement.

2 90-day outreach plan

The plan assumes two contacts a week. A “contact” is one email, one call, one meeting or one note. If a week gets busy, skip it and pick up the next week. Consistency matters more than volume.

Before you start, spend 30 minutes on prep:

1. Fill in your practice referral sheet (Template 3.5).
2. Choose your three or four priority categories from Section 1.
3. List 10 to 15 specific people or organizations in those categories, starting with those you already know.
4. Set up the tracker in Section 4.

Week	Focus	Contact 1	Contact 2
1	Warm contacts	Email a colleague you already know (Template 3.2)	Email a second known colleague
2	Physicians	Intro to a physician or GP practice (Template 3.1)	Intro to a second physician or GP practice
3	Follow up	Follow up anyone from weeks 1 and 2 who replied (Template 3.3)	Follow up anyone who did not reply, once
4	Peers	Intro to a therapist with a different specialty	Join or attend one local professional network meeting
5	Specialist category	Intro to your priority specialist category (for example OB/GYN, pediatrician, psychiatrist)	Second contact in the same category
6	Meetings	Hold a coffee or video call with someone who replied	Send a follow-up note after the meeting (Template 3.3)
7	Community	Contact one community organization about a free talk	Intro to a school counselor or university counseling center
8	Follow up	Follow up any open conversations	Update your referral sheet if your availability has changed
9	Physicians round 2	Intro to a new physician or GP practice	Intro to a second new physician or GP practice

Week	Focus	Contact 1	Contact 2
10	Peers round 2	Intro to a therapist in a specialty you often refer out to	Intro to a second therapist, or a psychiatric prescriber
11	Visibility	Submit a short article or tip to a local publication or newsletter	Check and update your community directory listings
12	Thank and update	Send an availability update to everyone who has referred or met with you	Thank anyone who referred in the last 90 days (Template 3.4)
13	Review	Review the tracker: which categories responded?	Plan the next 90 days around the categories that worked

After the first 90 days, keep a lighter rhythm: one new contact and one existing-relationship touch each week, and an availability update to your referral partners every quarter.

3 Templates

COPY **Template 3.1: Introduction email to a physician's office**

Subject: Referral resource: **[specialty]** therapy in **[area]**

Dear **[Dr. Last name / Practice manager name]**,

My name is **[Your name]**, and I am a **[credential, e.g. licensed clinical social worker / registered psychologist / registered psychotherapist]** in private practice in **[area]**. I work with **[population, e.g. adults with anxiety and panic / new parents / teens and their families]**, using **[one or two modalities, e.g. CBT and EMDR]**.

I know many of your patients raise these concerns during appointments, and that finding a therapist with openings can be hard. I currently have availability for new clients **[within (number) weeks / on (days)]**, **[in person at (address) / by telehealth across (state or province)]**.

I have attached a one-page referral sheet with my specialties, fees **[and insurance]**, and how to refer. Patients can also contact me directly at **[phone]** or **[website]**.

If it would be useful, I would be glad to have a brief call or drop by with a few referral sheets for your front desk.

Thank you for the care you provide to our community.

Kind regards,
[Your name], **[credentials]**
[Practice name] | **[Phone]** | **[Email]** | **[Website]**
[License or registration number, if customary in your area]

For Australian GP practices, add one line: "I accept referrals under a Mental Health Treatment Plan for Medicare rebates through Better Access. Referrals can be sent to **[secure fax / secure messaging / email]**."

COPY **Template 3.2: Introduction to a fellow therapist**

Subject: Connecting as local colleagues

Hi **[First name]**,

I came across your practice **[through (source) / on (directory)]** and noticed you focus on **[their specialty]**. I am a **[credential]** in **[area]**, and my work centers on **[your specialty and population]**.

I often hear from people who would be a better fit for someone with your focus, and I would like to have a trusted name to share. I also wonder whether some of the people who contact you might be a good fit for me.

Would you be open to a 20-minute coffee or video call to hear about each other's work? I am free **[two or three options]**, or happy to work around your schedule.

Warmly,
[Your name], **[credentials]**
[Practice name] | **[Phone]** | **[Website]**

COPY **Template 3.3: Follow-up after a meeting**

Subject: Great to connect

Hi **[First name]**,

Thank you for making time to meet **[yesterday / on (day)]**. I enjoyed hearing about **[something specific they mentioned]**, and it was helpful to understand **[what kinds of clients they see / how referrals work at their practice]**.

As promised, I have attached my referral sheet. To summarize:
- I see **[population]** for **[specialties]**.
- I have openings **[timeframe]**.
- The best way to refer is **[method]**.

I will keep your details on hand for people who are looking for **[their specialty]**. If anything changes on my side, such as a waitlist or new availability, I will let you know.

Thanks again,
[Your name], **[credentials]**
[Practice name] | **[Phone]**

This note thanks the referrer without confirming whether a specific person contacted you or became a client. Confirming that someone is a client discloses health information. Only share anything about a specific person, including that they booked, if they have given written consent to coordinate care with the referrer.

COPY **Template 3.4: Thank-you after a referral**

Subject: Thank you

Hi **[First name]**,

I wanted to say thank you for thinking of my practice and sending people my way. It means a lot to know you trust me with the people you care for.

My current availability is **[summary, e.g. two openings on weekday afternoons, telehealth only]**, so please keep referring whenever it feels like a good fit. If my availability changes, I will let you know.

With thanks,
[Your name], **[credentials]**
[Practice name] | **[Phone]**

When the client has given written consent to coordinate care, you may confirm the person is now seeing you and share only what the consent covers and what the referrer needs for that person's care. Keep a copy of the signed consent in the client record, not in your referral tracker.

Fill this in once, save it as a PDF, and update it whenever your availability or fees change. Keep it to one page.

COPY **Template 3.5: One-page practice referral sheet**

[PRACTICE NAME]
[Your name], [credentials and license or registration type]
[Phone] | [Email or secure referral method] | [Website]
[Address, or "Telehealth only"]

WHO I SEE
[Age range: e.g. adults 18+ / adolescents 13 to 17 and their parents]
[Populations: e.g. new and expecting parents, first responders, LGBTQ+ adults]

SPECIALTIES
[e.g. anxiety and panic, perinatal mood and anxiety, trauma and PTSD, grief]

APPROACHES AND MODALITIES
[e.g. CBT, EMDR, ACT, emotionally focused therapy]

WHO I REFER ON
[e.g. active eating disorders requiring medical monitoring, active psychosis, court-ordered evaluations]

SESSIONS
[In person at (location) / telehealth for clients located in (state, province or country)]
[Days and hours available]
[Languages spoken]

FEES AND PAYMENT
[Session fee]
[US: in network with (plans) / out-of-network superbills available]
[Canada: designation covered by most extended health plans as (designation)]
[Australia: Medicare rebates available with a Mental Health Treatment Plan referral; gap fee (amount)]
[Sliding scale or reduced-fee spots, if offered]

CURRENT AVAILABILITY
[e.g. Accepting new clients, first appointment within 2 weeks / Waitlist approx. (number) weeks]
Last updated: [month, year]

HOW TO REFER
1. [e.g. Give the client my number or website and ask them to contact me directly]
2. [e.g. Or send a referral by (secure fax / secure messaging / email) to (address)]
3. [e.g. I will contact the client within (one business day)]

IN AN EMERGENCY
This practice is not a crisis service. In an emergency, call [911 / 000] or [988 / Lifeline 13 11 14].

4 Referral relationship tracker

Use two simple tables. The first tracks relationships with professionals and organizations. The second counts referrals by source each month.

> **No client identifiers in this tracker.** Do not record client names, initials, contact details, dates of birth, diagnoses, presenting concerns or session information. Which client came from which referrer belongs in your EHR or practice-management system, not here.

Table A: Relationships

Organization	Contact name and role	Category	How you connected	Last touch (date and type)	Next step	Next step due
[Northside Family Medicine]	[Practice manager]	GP or physician	[Intro email]	[12 Mar, email]	[Drop off referral sheets]	[26 Mar]

The people in this table are professional contacts, so their work details are fine to record. Keep it to business contact information.

Table B: Referrals by source (counts only)

Month	Source category	Referral partner (organization)	Referrals received	First appointments attended
[Apr 2027]	GP or physician	[Northside Family Medicine]	[2]	[1]

Review the tracker at the end of each month. If a relationship has not had a touch in 90 days, schedule a short update. If a category is not responding after a full round of outreach, put your energy into the ones that are.

5 Ethics and compliance guardrails

A referral relationship should rest on one thing: each of you believes the other can help the people you serve. Keep it that way.

No payment for referrals

- **Never pay, or accept payment, for a referral.** That includes cash, a percentage of fees, discounts, free services or anything else of value given in exchange for referrals.
- **No fee-splitting.** Do not share fees with a referrer unless it reflects a genuine, documented arrangement for services actually provided, and you have confirmed it is allowed under your board's rules.
- **Gifts.** A thank-you note is always appropriate. Avoid gifts of meaningful value to referral sources. If you are unsure whether something crosses a line, check your board or professional body before giving it.
- **United States.** Where any client's care is paid for in whole or in part by a federal health care program such as Medicare or Medicaid, the federal Anti-Kickback Statute prohibits offering or receiving anything of value to induce referrals. Many states have similar laws that apply regardless of payer, and most licensing boards prohibit fee-splitting.
- **Professional codes.** The codes of ethics from bodies such as the ACA, APA, NASW and AAMFT in the US, the CCPA and provincial colleges in Canada, and the APS, ACA, PACFA and AASW in Australia all address referral fees, fee-splitting and conflicts of interest. Read the relevant section of your own code.

Consent and minimum necessary

- **Get written consent before discussing a shared client.** Even where the law allows some provider-to-provider sharing for treatment, written consent from the client is the safest practice and what most professional codes expect.
- **Share only what is needed.** When you do coordinate care with consent, limit what you share to what the other professional needs for that person's care.
- **Do not confirm who is a client.** Without consent, you cannot tell a referrer whether the person they referred contacted you or started seeing you.

Honest reciprocity

- **Refer on fit, not on obligation.** Refer people to colleagues because they are the right fit, not because that colleague referred to you. Never promise referrals in return.
- **Be honest about your scope and availability.** Do not accept referrals you cannot serve well. Update partners when you are full.

- **Disclose relationships where relevant.** If you refer a client to someone you have a personal or financial relationship with, tell the client.

Reviews and testimonials

- **No review swaps.** Do not trade online reviews with other practices or professionals, and do not ask referral partners to review you. Exchanged or incentivized reviews can breach platform policies and consumer protection law.
- **Do not solicit testimonials from clients.** Most mental health codes of ethics prohibit soliciting testimonials from current clients or others vulnerable to undue influence. In Australia, AHPRA's advertising guidelines prohibit testimonials about clinical aspects of care in advertising for regulated health services, including psychology.

6 Community and grassroots ideas

Professional referrals grow faster when people in your community already know your name and your work. These activities build that, and they are compatible with the guardrails above.

- **Offer a free talk.** Contact a parenting group, library, workplace, faith community or community organization and offer a 30 to 45 minute talk on a topic within your expertise, such as managing anxiety, supporting a grieving child or reducing burnout. Keep it educational, not a sales pitch, and bring referral sheets for anyone who asks.
- **Write for a local publication.** Local newspapers, neighborhood newsletters, school newsletters and community websites often welcome short, practical articles. Pitch one topic with a clear, useful angle.
- **Join a local professional network.** Peer consultation groups, local chapters of your professional association, and therapist networking groups are where many therapist-to-therapist referrals start. Show up regularly and contribute.
- **Be listed in relevant community directories.** Your professional association's find-a-therapist directory, your local chamber of commerce or community services directory, school and university resource lists, and population-specific directories that match your work. Keep your details consistent everywhere.
- **Be useful, not promotional.** Share resource lists, offer a short consultation to a colleague with a question in your area, or present at a peer group. Generosity builds trust, and trust builds referrals.

Connecting with fellow therapists

Your professional association and local peer consultation groups are good places to meet fellow therapists. Over time, those connections help you find colleagues to refer to when someone is not your fit, and colleagues who may refer to you. Introduce yourself, share your referral sheet, and connect with practices whose specialties complement yours. The same guardrails apply: no referral payments, no review swaps, and no client details without written consent.

7 Disclaimer

This kit is practical guidance to help you build professional referral relationships. It is not legal advice, and it does not cover every law, regulation or professional rule that may apply to you.

Your practice is responsible for its own compliance, including referral, privacy, consent, advertising and billing rules in every jurisdiction where you practice. Rules vary by country, state, province, territory and profession, and they change over time.

Before adopting these templates or entering any referral arrangement, review it against the requirements of your licensing board, regulatory college or professional body, and your professional liability insurer. Where you are unsure, get advice from a lawyer who works with health practices in your jurisdiction.

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Questions about this kit?

This kit is a free bonus for people on the Moonraker Academy email list. Adapt anything here so it fits how your practice works. If you have a question about it, write to me.



Scott Pope
scott@moonraker.ai · moonrakeracademy.com

