

REFERRAL FOR BEHAVIORAL HEALTH OUTPATIENT SERVICES
GROW YOURSELF GREAT COUNSELING AND CONSULTING, PLLC
Charlotte, NC 28269
Office: 704-313-0174 Fax: 1-800-853-7998

Referral Information

_____ Charlotte Office
_____ Davidson Office
_____ Other: []

Referral Date: _____ **Referred By:** _____
Client Name: _____ **Client Gender:** _____
Client Age: _____ **Client Grade:** _____ **Client DOB:** _____
Client SS #: _____ **Ethnicity:** _____

ETHNICITY CODES: B-Black, W-White, A-Asian, AI-American Indian or Alaskan Native, H-Hawaiian or Pacific Islander, HL-Hispanic/Latino Origin, U-Unable to Determine

Service(s) Requesting:

Comprehensive Clinical Assessment Individual Therapy Family Therapy Couples Therapy
 Medication Management Group Therapy Other: _____

Primary Insurance: No Yes **Name:** _____ **Policy #:** _____
Secondary Insurance: No Yes **Name:** _____ **Policy #:** _____

Parent/Guardian Name: _____ **Relationship:** _____ **Phone:** _____
Emergency Contact _____ **Relationship:** _____ **Phone:** _____

Address _____ **City:** _____ **State:** _____ **Zip** _____

Home: _____ **Work:** _____ **Cell:** _____ **Email:** _____

PRESENTING PROBLEMS

(Check all that apply)

Physical Neglect Sexual Emotional Substance Abuse Other: _____

Clinician Preference: _____

BRIEF NARRATIVE

Please email completed form to: admin@gygcounseling.com or Fax to 1-800-853-7998