



## HEART TO HEART COUNSELING

And Wellness Center, PLLC

245 WESTLAKE ROAD  
SUITE 101  
FAYETTEVILLE, NC 28314  
PH: 910-867-4417 FAX: 910-302-7479

### Referral Form

Heart to Heart Counseling and Wellness Center, PLLC is a private, outpatient therapy clinic offering therapy, psychological assessment, forensic, and consultation services. Your patient will be assigned the earliest available appointment.

Date of Referral: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Insurance Type: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Telephone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Telephone: \_\_\_\_\_

\*\*Is child in DSS/Foster Care? Yes/No Is child in Level 2 Therapeutic Foster Care? Yes/No

Reason for Referral/Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications, if any: \_\_\_\_\_

\_\_\_\_\_

Medical Problems: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Physician/Professional (please complete or use stamp):

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Many thanks for your referral!