4311 Schoolhouse CMNS #178
Harrisburg NC 28075

MIRROR 2 THE HEART
— COACHING & COUNSELING SERVICES —

Phone: 980-859-3331
Fax: 888-730-1933

Mental Health Services Referral Form

Please contact our agency to confirm that the referral has been received. Provided is the nature and intent of this referral. Any questions please contact our office for further discussion.

Referral Date: _____ Referral Contact Phone: _____ Referral Fax: _____

Referral Source (Name and Agency) _____

Referral Address: _____

Client Name: _____ Date of Birth: _____ Gender: _____

Ethnicity: _____ SS# _____ Medicaid #: _____

Residing with (name and relationship): _____

Address: _____

Contact Home Phone: _____ Contact Alternate Phone: _____

Other Important Contact Information (e.g., biological family): _____

Other Important Phone Numbers: _____

Presenting Concerns/Comments (attach additional sheets as necessary):

_____

_____

Diagnosis (if known): _____

Referral Services Requested (check all that apply):

- ☐ **Individual Therapy**
- ☐ **Couples Therapy**
- ☐ **Parent Education**
- ☐ **Clinical Comprehensive Assessmet**
- ☐ **Family Therapy**
- ☐ **EAP**
- ☐ **Mental Status Exam**
- ☐ **Group Therapy**
- ☐ **Chemical Dependency Evaluation**
- ☐ **Chemical Dependency Services**
- ☐ **Other:** _____

Location Services Requested:

- ☐ **Telehealth**
- ☐ **In-person**
- ☐ **School**
- ☐ **Other Location:** _____

Type of Insurance:

- ☐ AETNA
- ☐ Humana/Tricare
- ☐ BCBSNC
- ☐ EAP (call to confirm)
- ☐ Medicare
- ☐ UBH/UH/Optum
- ☐ Healthy Blue
- ☐ Beacon Health Options
- ☐ CIGNA/Evernorth
- ☐ Carolina Complete Health
- ☐ NC State Health Plan
- ☐ Other: _____

Policy #: _____ **Group #:** _____ **Phone #:**_____

"ACCOUNTABLE, RELATABLE AND CONSISTENT where we Model what we Teach!"