

# Caring Hearts Professional Counseling Services, PLLC

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## Consumer Referral Form

Date of Referral: \_\_\_\_\_ MCO Medical Record #: \_\_\_\_\_

**\*\*\*If consumer is a Medicaid recipient and under the age of 21 y/o, the referral source box on this form needs to be completed by a Physician or Psychiatrist and it must include the Physician's/Psychiatrist's NPI.**

### Referral Source

Is Referral From: ( <b>check one</b> ) <input type="checkbox"/> Physician, <input type="checkbox"/> Psychiatrist
Is this referral <input type="checkbox"/> written ( <b>please check</b> )
Physician Name: _____ Physician NPI#( <b>required</b> ): _____
Office Name: _____ Physician Phone #: _____

### Demographic Information

Consumer Name: _____ DOB: _____
Address: _____
Social Security #: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Client/Patient's Race: _____ Client/Patient's Phone: _____
Insurance Carriers:
<input type="checkbox"/> Medicaid ID# _____ <input type="checkbox"/> Blue Cross/Blue Shield _____
<input type="checkbox"/> Tricare _____
<input type="checkbox"/> Aetna <input type="checkbox"/> Military One Source <input type="checkbox"/> Self Pay <input type="checkbox"/> Other Insurance ( <i>specify</i> ) _____
Parent/Guardian: _____
Relationship to Consumer: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative <input type="checkbox"/> Other _____
Parent/Guardian Home # _____ Cell _____ Work _____
Best Time to Contact: _____ Okay to Leave Message: ( <b>check</b> ) <input type="checkbox"/> YES <input type="checkbox"/> NO

### Treatment History

Diagnosis: _____
Medications and dosage: _____
_____

### Education

School _____ Grade: _____
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Services Requested:  MH Therapy  Substance Abuse Therapy  Problem Gambling

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agency Use ONLY:** Status of Referral: \_\_\_\_\_

Date Contacted: \_\_\_\_\_ Appointment: \_\_\_\_\_

Professional Assigned to Case: \_\_\_\_\_

*Confidential Information. Disclosure of confidential information is strictly prohibited without consumer's written consent.*