

**Carolina Wellness Solutions Counseling and Consulting**

**100 Glenway Street, Suite F**

**Belmont, NC 28012**

Phone: 704-674-7290

Fax: 704-461-8989

**Referral Form**

Date: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Referral Number: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Consumer DOB: \_\_\_\_\_

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

Consumer Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Primary Insurance Type: \_\_\_\_\_

Services Being Requested: \_\_\_\_\_

PCP: \_\_\_\_\_

PCP Phone #: \_\_\_\_\_ PCP Fax #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Psychiatrist: \_\_Y\_\_N Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Other: \_\_\_\_\_

Referral Assigned To: \_\_\_\_\_

Please fax or email this referral form to:

Fax: 704-461-8989 Email: carolinawellnessol@yahoo.com