



6614 Shallowford Road Suite 250, Lewisville NC 27023 Phone 336-945-0137 Fax 336-946-9084 www.LewisvilleFamilyCounseling.com

### Referral for Counseling Services

**Fax To: Lewisville Family Counseling, PLLC**

**Fax Number: 336-946-9084**

Fax From: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Pages: \_\_\_\_\_ (No cover page required) Date: \_\_\_\_\_

Person Completing Referral \_\_\_\_\_

Referring Physician/Provider \_\_\_\_\_

NPI# \_\_\_\_\_

Name of Organization/Practice \_\_\_\_\_

Practice Address \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_

Individual Being Referred for Services (Last, First, Middle I) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Parent/Guardian (if individual being referred is under age 18) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

Reason for Referral

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of insurance card and most recent office note/assessment.**

**Thank you for your referral.**

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