



# A New Leaf

## Therapeutic Services PLLC

5046 Gray's Creek Church Rd,  
Hope Mills, NC 28348  
P: (910) 493-3555  
F: (910) 493-3520

### Mental Health Outpatient Referral Form

This referral is for outpatient mental health therapy services at **5046 Gray's Creek Church Road in Hope Mills.**

Referring Company/ Agency Name: \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Is the client aware of this referral?

Yes  No

#### Can a confidential message be left on the client's voicemail?

Yes  No

#### Is the client open to Telehealth sessions?

Yes  No

#### Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Client SSN: \_\_\_\_\_

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

\_\_\_\_\_

#### Insurance Information

Primary Insurance: \_\_\_\_\_ Subscriber I.D: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Subscriber I.D: \_\_\_\_\_

**\*Please fax this form to A New Leaf Therapeutic Services PLLC (910) 493-3520\***