



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

Service to be rendered by Mental Health Clinician	Date	MH Clinician Initials	Medical Provider Initials
Individual Psychotherapy Services (30/45/60 min sessions) (90832, 90834, and 90837), Family Therapy without Patient Present (90846), Family Therapy with Patient Present (90847), and Group Therapy Services (90853) utilized as provider sees necessary for client.			

ICD 10 Diagnosis: _____

As the overseeing medical provider, I have discussed the need for treatment with the patient and/or his/her parent/legal guardian, and deem OUTPATIENT MENTAL HEALTH SERVICES medically necessary.

Signature of Medical Provider: _____ NPI #: _____

Printed Name: _____ Date: _____

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