



Carolina Counseling and
Therapeutic Solutions

Referral Form for Mental Health Services

Patient/Client Information:

Name: _____			Date of Birth: _____			Race/Ethnicity: _____					
Contact Information: Home: () _____			Work: () _____			Cell: () _____					
VM Message Ok? <input type="checkbox"/> Yes <input type="checkbox"/> No			Patient/Client SS#: _____ - _____ - _____								
Address: _____			Apt#: _____			City: _____			County: _____		
Gender: <input type="checkbox"/> Male			<input type="checkbox"/> Female			<input type="checkbox"/> Couple			<input type="checkbox"/> Transgender		
Services Requested: <input type="checkbox"/> Neuro-Cognitive Testing			<input type="checkbox"/> Pain Eval			<input type="checkbox"/> Pre/Post Surgical Assessment					
<input type="checkbox"/> Personality Testing			<input type="checkbox"/> Bariatric Eval			<input type="checkbox"/> Psychological Eval			<input type="checkbox"/> Other: _____		

Referral Source Information:

Name: _____ Facility: _____

Mailing Address: _____

Phone#: _____ Fax: _____

Email address: _____

How did you hear about Health: _____

Reason for referral: In your own words, describe the patient/client in need for mental health services. Please describe specific behaviors the patient/client is exhibiting:

Been in counseling before?:

Availability:

Patient/Client Mental Health Information:

Current Mental Health Symptoms	Unknown	Not Present	Mild	Moderate	Severe
Hallucinations (describe)					
Delusions					
Thought disorder					
Bizarre (psychotic) behavior (describe below)					
Anxiety / Nervousness					
Obsessive / compulsive					
Phobias / fears					
Depressed mood					
Mood swings					
Sleep disturbance					
Irritability					
Anger / temper tantrums					
Hyperactivity					
Attention deficit					
Eating problems					
Elimination problems					
Oppositional / defiant to those in authority					
Antisocial/delinquent behavior/conduct disorder					
Over sexualized behavior					
Somatic complaints with no known medical cause					
Attachment disorder (explain below)					
Other (explain)					

I agree to hold Riverstone Wellness Collaborative harmless from and against all loss, liability, obligation, or judgment. Any claims for loss, liability, obligation, or judgement are understood to be between myself, the client, and Carolina Counseling and Therapeutic Services.

Signature _____ Date _____