



Referral Form for Psychotherapy / Counseling

Complete form and fax. We will contact client and advise you of the outcome.

Date: _____ Referral from: _____ Phone: _____ Fax: _____									
Patient's name: _____ DOB: _____ Parent or guardian (if applicable): _____ Phone: _____									
Specific concerns/requests/recommendations: 									
Payer Source: (Please note: We do <u>not</u> accept Medicaid or Humana). <table><tr><td>_____ BCBS</td><td>_____ Cigna</td><td>_____ Medicare</td></tr><tr><td>_____ Medcost</td><td>_____ Aetna</td><td>_____ Tricare</td></tr><tr><td>_____ United Behavioral Health</td><td>_____ UMR</td><td></td></tr></table>	_____ BCBS	_____ Cigna	_____ Medicare	_____ Medcost	_____ Aetna	_____ Tricare	_____ United Behavioral Health	_____ UMR	
_____ BCBS	_____ Cigna	_____ Medicare							
_____ Medcost	_____ Aetna	_____ Tricare							
_____ United Behavioral Health	_____ UMR								
PLEASE SEND ANY RELEVANT RECORDS. THANK YOU FOR YOUR REFERRAL!									

220 W. Union St. Morganton, NC 28655

Ph 828-465-6544 Fax 828-475-6545

www.wisdomathnc.com/ wisdompathnc@gmail.com



Referral Form for Psychological Testing/Assessment

Complete form and fax. We will contact client and advise you of the outcome.

Date of referral: _____		
Referral from: _____		
Phone: _____	Fax: _____	
Patient's name: _____		DOB: _____
Parent/guardian: _____		Phone: _____
Reason for Referral/ Referral Question		
Evaluate for Neurodevelopmental disorders (check all that apply)		
<input type="checkbox"/> Developmental Disability <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Learning disorder		
Specify: <input type="checkbox"/> needs assessment to qualify for special programs <input type="checkbox"/> may need accommodations for school		
Evaluate for psychiatric diagnosis or treatment recommendations: (Specify concerns or rule outs)		
Evaluate for pre-surgery requirement (specify)		
Evaluate for pre-employment (specify field):		
Evaluate for forensic question (specify)		
Payer Source: (Please note: We do <u>not</u> accept Medicaid or Humana).		
____ BCBS	____ Cigna	____ Medicare
____ Medcost	____ Aetna	____ Tricare
____ United Behavioral Health	____ UMR	
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