

Pirate Counseling

610 West 15th Street, Box #6
Washington, NC 27889
1-888-509-1502 (fax)



Mental Health Referral

Referral Information		
Office/Facility:		Referral Date:
Address:		Phone #:
Email:		Fax #:
Reason:		<input type="checkbox"/> Urgent <input type="checkbox"/> Non-Urgent
Services Requested:		
Client Demographics		
Name:		DOB: SS#:
Gender:	Age:	Ethnicity:
Address:		Phone #:
Guardian Name (if applicable):		
Relationship:		Phone #:
Insurance Name:		Insurance #:
Client Information		
Presenting Complaint:		
Diagnosis:		
Symptoms & Behaviors of Risk:		

Past Psychiatric History:

Past Medical History:

History of Drug/Alcohol Misuse:

Medications:

Other Relevant Information:

Referrer

Date

Print Name

If you would like to be informed when client is scheduled, please check the box below and provide your best contact information.

- Please contact me when client has been scheduled. **Contact#** _____
- If I am not available, please leave a message (password protected mailbox is required).