

# Forsyth Family Counseling, PLLC

## REFERRAL FORM

Winston-Salem \_\_\_\_ Asheville \_\_\_\_

Client Name: \_\_\_\_\_

Male/Female/Other: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Name of parent(s) if under age 18: \_\_\_\_\_

Best contact phone number(s): \_\_\_\_\_

Allowed leave message Y/N: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

\*Type of Insurance: \_\_\_\_\_

\*Please check our website for the list of insurance carriers we accept insurance accepted varies by provider. *(Please keep in mind that **we do not accept Medicaid or Medicare**)*

**Referral Source:** Please call 336-777-6160 **before** faxing over any medical records.

Source Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

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

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax completed referral to 336-546-7630 or email to [contact@forsythfamilycounseling.com](mailto:contact@forsythfamilycounseling.com)

Or call 336-355-8244 (Winston Salem) 828-367-1010