

Younoia Counseling and Psychological Services

Alexis Brightman, MA, LPA
1914 J N Pease Pl, Ste 172 | Charlotte NC 28262
980-553-1242 | 980-288-4842
therapy@younoia.com



Therapy/Psychological Evaluation Referral Form

Date _____ Emergency ____ Urgent ____ Routine ____

Service Requested _____

Individual/Agency making the referral _____

Referral Individual/Agency NPI # _____

Referral Provider Phone # _____ Referral Provider Fax # _____

Patient Name: _____ Patient Phone Number _____

Patient Address _____ City _____ State _____ Zip _____

Patient Date of Birth: _____ Age: _____ Sex: _____ Race _____ Marital Status _____

Current Grade/Highest grade/education level reached: _____

What services are currently being received _____

Why is this patient being referred for Therapy or Psychological Evaluation:

Is this Patient currently prescribed Mental Health Medication? _____

Prescribing physician _____ Prescribing physician phone # _____

Primary Care Doctor _____ Primary Care Phone # _____

Primary Insurance _____ Subscriber ID _____

Secondary Insurance _____ Subscriber ID _____

Guardian Information (if different from patient)

Name _____ Contact Number _____

Address _____

Relationship to Client _____

Thank you for your referral!

Please fax the completed form to **980-288-4842** or email to **therapy@younoia.com**

For Office Use Only

Date(s) Called: _____

Appointment Date and Time: _____

Other Notes:

