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Family Nurse Practitioner

Linda Burbank, LCSW
Psychotherapist

Morgan Lankford, MS, CRC, LPCA
Rehabilitation Counselor

New Patient Referral Form

Fax to 910-254-4819

- *A copy of both sides of the patient's insurance card must accompany this form.*

Patient Name: ____
Patient DOB: _____/_____/________ Age*: _______ Gender: M F
Address: ____
City: ____________________________ State: ______ Zip Code: ___________
Best phone number to reach patient: (______) _______-______________
Alternate phone number: (______) _______-______________
***If the patient is a minor (less than 18 years old), the following is *required*:**

Legal guardian's name: ______________________________________
Legal guardian's address: Same or _______________________________
____
Legal guardian's phone number: (______) _______-______________
Relationship to patient: _______________________________________

Name of referring provider: _____________________________________
Address of referring provider: ___________________________________
Phone (_____) ______-_____________ Fax: (_____) ______-____________

REASON FOR REFERRAL (Please indicate services requested):

- **Psychiatric Assessment (medication evaluation and/or management)**
- **Psychological Assessment (ADHD, LD, Mood Disorders, Autism, etc)**
- **Neuropsychological Assessment (Memory testing, dementia, TBI, stroke)**
- **Psychotherapy (depression/anxiety, ADHD, PTSD, stress management, family/marital issues, etc)**
- **Other (explain): ____**

Please fax this form along with copies of insurance card and Carolina Access authorization code (if applicable) to 910-254-4819. We will contact your patient about the referral and appointment request as soon as possible and mail them a New Patient Appointment Request packet. The Providers at Coastal Behavioral Sciences thank you greatly for this referral!

Revised August 2010