



304 E Greene Street, Rockingham, NC 28379  
Phone: (910) 817-9181  
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www.21stcenturycounseling.com

### Referral Form

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_  
(First Middle Last)

If a minor, write legal guardian's name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Male  Female Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

If a student, write the name of the school and current grade:  
\_\_\_\_\_

If employed, name of employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph.# \_\_\_\_\_

Presenting Problem:  
\_\_\_\_\_  
\_\_\_\_\_

Past Services:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
The person making the referral / Agency name

\_\_\_\_\_  
Date

Please fax the completed form to **(800) 878-9353**. Thank you!