**A New Tomorrow**

**Behavioral Health Services**

**26 Wesmark Ct., Sumter, S.C. 29150**

**Phone: (803) 883-4981 Fax: (803) 883-5492**

**Tara L. Corbett MS, LPC, LPC-S And Associates**

**Quanetta S. Jefferson MA, LPC, NBCC**

**Sara Anderson MS, LPC**

**REFERRAL FORM**

Date:

Patient Name: Date of Birth: Parent/Guardian Name: Primary Phone: Alternate Phone:

Referred By:

# Reason for Referral:

Referred To:

# Insurance Information:

Primary Insurance:

Insurance: ID Number: Name of Insured: Date of Birth: Relationship to Patient: Secondary Insurance:

Insurance: ID Number: Name of Insured: Date of Birth: Relationship to Patient: Appointment Time: Notes:

Please attach any clinical information pertaining to referral