



Date: \_\_\_\_\_ Name of Referring Provider: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client/Parent Phone\*: \_\_\_\_\_

Check if Patient has Agreed for Us to Call Them \*

Client Mailing Address: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Email: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Parent's Name (if client is under 18 y/o): \_\_\_\_\_

**Preferred Therapist:**

- Liz Van Horn Winders, PsyD, RYT 200
- Michelle Topal, MSW, LCSW
- Lisa Cloyd, PhD
- Robin Curtin, MSW, LCSW
- Ernestine Chapman, LPC, LCAS
- Scott Topal, LCASA, LCSWA

**Clinical Info:**

Primary Concerns/Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check if sending Intake Evaluation and/or notes.

**Client Wants to Use Insurance?\***  No  Yes

If yes, which Insurance company: \_\_\_\_\_

Subscriber Number \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of primary Insured & DOB, if not client: \_\_\_\_\_

\*Note: Insurance participation varies among providers. Some providers are in network with BCBS, Medcost, Cigna, Aetna, Tricare, United or possibly others. We will review options with them when they call.

**Secure Fax to: 888.789.5440**

**Call: 919.807.1454 or 919.627.8829**

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