

Donte` R. Corey MA, LPC

Located at: Hillsborough Yoga & Healing Arts 1812 Becketts Ridge Rd. Hillsborough, NC 27278

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**REFERRAL FOR OUTPATIENT THERAPY**

Referral:  Child  Adult Prefer to meet:  In Office  In Home

Insurance: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Referral Phone #: \_\_\_\_\_

Reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child:**  Male  Female (check one)

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State/Zip County

Telephone #: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Telephone Home#: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_ Best time to Call: \_\_\_\_\_

**Adult:**  Male  Female (check one)

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State/Zip County

Telephone Home#: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_ Best time to Call: \_\_\_\_\_

Occupation: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

➤ Guardian (if applicable): \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Telephone Home#: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

**Please complete the child or adult referral and fax the completed information along with any applicable release of information to (919) 640-8683.**