

**New Beginnings Counseling Services, PLLC**  
“Promoting Healthy Lives”

*\*\*\*Please fax completed referral to 919-718-0113 or 919-777-0784 or you may email it to the agency’s web address, which is as follows:  
newbeginningscounselingservices@yahoo.com.*

***Referral Form***

**Referring Agency/Person Information**

**Agency/Person:** **Telephone No:**  
**Agency Address:** **Fax No:**  
**Authorized Contact Person:** **Email Address:**

**Consumer Details**

**Name:** **DOB:** **Gender:**  
**Address:** **Type of Insurance:**  
**Telephone No:**

**Any Special Needs/Disabilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of Consumer’s presenting need/Reason for referral:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Services Requested (e.g., clinical assessment, individual therapy, group therapy, service planning, relapse prevention, substance abuse counseling, DWI Services, SAIOP, SACOT, DD-Targeted Case Management, medication management, anger management, domestic violence, parenting classes, psychiatric evaluation, etc.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments/Additional Information**  
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