



1515 Mockingbird Lane, Suite 580 | Charlotte, NC | 28209
Phone 704-910-8381 | Fax 704-981-8282
www.findyourbase.com

Referring Practice Information

Referring Provider First Name

Last Name

Business/Practice Name

Phone Number

Email

Fax

Relationship to Client

Other Notes:



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Referral Information

*Required Items

*Client First Name** *M Initial* *Last Name**

Client Street Address

City *State* *Zip Code*

*Client Phone** *Client Email*

____/____/____ ____Female ____Male ____Non-binary ____Prefer not to say ____Other:_____
*D.O.B** *Gender (Check one)*

School Attending (if applicable) *Custody Status (if applicable)*

*Type of Therapy (check all that apply)**
____Individual ____Walk and Talk ____Family ____Parenting Support ____Group ____Consultation

Requested Provider (check all that apply)
____Kristin Daley ____Leila Forbes ____Stephanie Hosford
____Kelsi Libfraind ____Amanda McGough ____Ryan Page
____Chrissy Raines ____Katharine Rogers ____Andrea Umbach

*What areas need to be addressed in treatment?**

