

Agency Referral Form

**The Center for Creativity and Healing, PC
4728-C Park Road
Charlotte, NC 28209
(704) 523-5567**

Date: _____

Agency Name: _____

Referring (please give #): _____ Adult(s) _____ Child(ren) _____ Family

Social Worker Name: _____

Social Worker Phone Number: _____

Names and
Date of birth of child(ren): _____

Name of Parent or Foster Parent: _____

Phone Number: _____

Reason for Referral: _____

Method of Payment: _____ Medicaid _____ Private Pay _____ Other (Specify)

Is this referral court ordered or part of a case plan? _____

Are there any other agencies involved with this client? _____

Does client have transportation or scheduling challenges? _____

**Please fax to:
Maria Curran, LPC
(704) 529-2668**