

# A New Tomorrow Behavioral Health Services

Tara L. Corbett MS, LPC, LPC-S, NBCC      Quanetta S. Jefferson MA, LPC, NBCC

D'Andra Scott MA, LPC-A

26 Wesmark Ct., Sumter, S.C. 29150

Phone: (803) 883-4981 Fax: (803) 883-5492

---

## REFERRAL FORM

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Referred To: \_\_\_\_\_

### Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Insurance Information:

#### Primary Insurance:

Insurance: \_\_\_\_\_ ID Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

#### Secondary Insurance:

Insurance: \_\_\_\_\_ ID Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Please attach any clinical information pertaining to referral