Gray Matters Counseling and Consulting Associates, LLC

1341 Cleveland Avenue | East Point, GA 30344
Phone: (770)899-6462 | Fax: (404)393-4212
Website: www.graymattersatl.com

INDIVIDUAL REFERRAL FORM

Referral Type

Emergent: _____ Urgent: _____ Routine: _____ Other: _____
*Emergent and Urgent requires physician contact

REFERRAL SOURCE:

Physician/Agency Name_____ _____ Phone # _____
Contact Name: _____ Referral Date: _____

CONSUMER INFORMATION

Consumer Name: ___ _____ Phone #: _____
Address: _____ City: _____ Zip: _____
DOB: _____ SS #: _____ Male _____ Female _____

Type of Insurance: _____
Guardian/Parent _____DOB: _____ Telephone #: _____
Contact Person: _____Relationship: _____
Telephone: _____ E-mail Address: _____

Referral Source: ___ _____ Telephone #: _____
Referral email: _____ Referral Fax#: _____

Presenting Problem: _____
_____
_____

Services Requested:
Individual Therapy __ __Family Therapy _____ Psychiatric Services __ ___ Trauma Assessment____
Behavioral Assessments _____ Substance Abuse Testing ____ Marital/Premarital/Divorce

For Office Use Only:
Response:
Accepted _____ _____

Appointment Date or Reason for Denial: _____