

**Rew Works Counseling Services, PLLC**

1945 JN Pease Place, Suite 204

Charlotte, NC 28213

704-593-1106 office

704-631-4729 fax

**Referral Form**

Client Name  DOB

Guardian (if applicable)

Address

City/State/Zip

Email Address

Phone

**Service Requested**

- Individual Therapy
- Family Therapy
- Group Therapy (specify group)
- Life Coaching
- Consultation

**Insurance Type**

- Medicaid
- NCHHealthChoice
- BlueCross Blue Shield
- CIGNA
- Self-Pay
- Other

Appointment Contact  Phone

Additional Information: Please give a brief description of the problem/concern/need.