New Leaf Behavioral Health
a nonprofit mental health organization

Main Office: 3725 National Drive, Suite 220 | Raleigh, NC 27612
Tel: (919) 781-8370 | Fax: (919) 781-2266 | Email: info@nlbh.org

Referral for Outpatient Therapy

Date of Referral: ____________________ Referred By / Phone #: ____________________________________

Reason for Counseling Referral ____

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☐ Psychiatric Evaluation requested

Doctor/Psychiatrist ________________________________ Phone __________________________________

Other professional/role _____________________________ Phone __________________________________

Client Information

☐ Adult ☐ Child Prefers: ☐ In-home appt ☐ Office appt

Client Name *(First, MI, Last)* ____

DOB _____ / _____ / ______ Gender ☐ Male ☐ Female SSN ____________________________________

Address ____ City ___________________ State ____ Zip___________

Phone # ________________________________ Alternate # ______________________________________

For Children Only (please complete the following):

Parent or Guardian name(s) / Relationship ____

Phone # __________________________________ Alternate Phone # ____________________________________

Address (if different from child's) ____

Insurance Information

☐ Check if no insurance

Insurance Provider ___________________________ Member Insurance ____________________________

Policy holder _________________________________ Relationship to client _________________________ _

For Medicaid referrals, please include the following:

Provider ID/Carolina Access #: ________________________ Provider NPI: ______________________________

Please fax referrals to New Leaf Behavioral Health at (919) 781-2266

(If you would like an electronic copy of this form, please email us at info@nlbh.org)