



Art of Therapy Center

A holistic approach to therapy with families.

980.484.2111 (P) * 704.259.0480 (f)

Referral Form

Demographic Information

Client Name: _____ DOB: _____
Client Address: _____
Caregiver Name: _____ Relationship: _____
Phone Number: _____
Insurance Carrier: _____
Policy Number: _____
Group Number: _____
Referred By: _____ Title: _____
Agency: _____

Requested Services (Mark all that apply)

- Assessment Only (with recommendations only, no services)
- Infant mental health Services
- Child Psychotherapy
- Assessment with Services
- Infant mental health Services
- Child Psychotherapy

Reason for seeking services/concerns:

Please attach any relevant information you might think is necessary. This can include but is not limited to:

- Office notes
- School notes
- Any materials presented by parents or child.