



Art of Therapy Center  
*A holistic approach to therapy with families*

# Outpatient Therapy Service Order & Referral Form

**\*Please note that all information must be completed and signed for referral to be accepted\***

## Demographic Information

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

## Requested Services (Mark all that apply)

- Assessment Only (with recommendations only, no services)
- Assessment with Services
  - Infant mental health Services (Birth - 3 years old)
  - Child/Adolescent Psychotherapy (3 years old and above)

\_\_\_\_\_  
**Signature AND Credentials of Referring Provider (MUST BE LP, NP, PA, MD)**

## 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.

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1 | 2907 Rousseau Ct. Gastonia, NC 28054  
 117 West Marion Street Shelby, NC 28150