



Synergy Counseling Services

"Meeting you where you are on the road of life."

REFERRAL REQUEST

Preferred Referral Method fax (678)-388-9244

Please attach a copy of the front and back of the patient's insurance card

Referring Office: Referring Provider:

Fax: Contact Name: Phone:

Date: Re:

Patient's Legal Name: Patient Phone:

Responsible Party's Legal Name:

Street Address:

City: State: Zip:

Insurance: Insurance ID#:

Subscriber's Name: Subscriber's DOB:

Phone: (H): (M):

Email:

Referring Reason: Attention Deficit Anxiety Depression Behavioral Problems:

Other (If other please include detail in box below and any other helpful information)

Note all referrals will be given an Initial Diagnostic Assessment based on symptoms identified by the referring agency

If this patient is currently established with another counselor outside of Synergy Counseling Services, please contact our office at (800)-552-4357

Corporate Address:

627 Old Trolley Rd. Suite A Summerville, SC 29485-5673

Toll Free: (800)552-4357 | Fax: (678)388-9244 | www.scs-helps.com