Inner Healing Solutions Inc.

213 Patton Drive Suite A | Shelby, North Carolina 28150
704-466-3022 | fax 844-272-6196
amia@innerhealingsolutions.com

Client Referral Sheet

Date: _____

Client's Name: _____
First Middle Last

Date of Birth: _____ **Sex:** ☐Male ☐Female

Home Address: _____
Street

_____
City State Zip Code

Home Telephone: ( ) _____ **Cell Phone:** ( )_____

Name of Insurance: _____
Military Involved?: ☐ Yes ☐ No

Legally Responsible Person (if client is child) _____
Name Relationship

Phone: ( ) _____

Referred by: _____

Email Address of Referral Source:_____

Referral Phone Number: _____

Reason for Referral:_____

Services Referred For:

☐ Mental Health Assessment/Services
☐ Family Prescreening to determine if other members of the family need assessments
☐ Parenting- Please indicate Time Slot Request ☐ 10 am or ☐ 1pm

DSS Referrals Only – Identify status of case

☐ **Investigation** ☐ **Family Intervention** ☐**Foster Care** ☐ **Other:** _____

PLEASE CALL FOR PHONE REFERRAL TO 704-466-3022
OR
EMAIL FORM TO: amia@innerhealingsolutions.com

For Office Use Only

Completed by: _____
Date entered into Database: _____
Insurance Policy Holder Name: _____
Insurance Policy or Subscriber #: _____
Insurance Customer Service / Provider Phone#: _____