Carolina Beach Counseling

Helping you find creative solutions to life's challenges.

Referral Form For:

Loralie Grigas, MSW, LCSW, LCAS, SAE

Please fax form to: Carolina Beach Counseling at 910-458-4824

Practice Information

Name of Referring Physician/Practice:_____

_____

Contact Person: _____ Phone:_____

Patient Information

Name:_____ D.O.B.:_____

Preferred Contact Number(s):_____

Insurance Name/Type:_____ Policy Number:_____

Policy Holder Name:_____ D.O.B._____
(If policy name and D.O.B. are the same as client, just indicate "same" above.)

Reason for Referral:_____

_____

_____

_____

_____

Please include a copy of the signed disclosure consent form and any pertinent medical records.

Thank you!

1328 N. Lake Park Blvd., Suite 109 • Carolina Beach, NC 28428 • Phone (910) 617-4675 • Fax (910) 458-4824