

**Costal Counseling Associates**  
24 Front Street, Exeter, New Hampshire 03833  
(603) 778-0505, Fax (603) 772-6761, www.costalcounseling.com

**Referral Form**

The practitioners at Costal Counseling have provided this form to our community colleagues to better respond to the needs of our mutual patients. Please fill out the requested information and give this form to your patient or either fax/mail with their permission to our office and we will follow-up at our earliest opportunity. It is our hope that when talking to your patients about the need for psychotherapeutic or psychiatric assistance you will find a direct and responsive group practice with Costal Counseling Associates. This form will be faxed/mailed back for your records and convenience.

**Referred by:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Patient Information:**

Patient Name: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Presenting Problem:**

Chief concerns, problems, symptoms, or issues to be addressed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Services Requested:**

Individual therapy  Family therapy  Psychiatric evaluation  Couples therapy  Co-Parenting

Behavioral Management  Group therapy

Other \_\_\_\_\_

**Release of information:** Patient/parent/guardian consent to release information.

The signature below indicates that the patient/parent/ guardian has reviewed and approved the release of this information to Costal Counseling Associates

Patient/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disposition:** For Costal Counseling Use Only

Appointment scheduled for: \_\_\_\_/\_\_\_\_/\_\_\_\_ No appointment schedule for (Reason): \_\_\_\_\_

\_\_\_\_\_

Referred to outside the practice to: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please note if we are unable to meet the needs of your patient we will attempt to provide 3 alternative referrals.