



Calming Waters Counseling

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Referral Sheet

Name of Caller:	Associated with:
Method of Contact:	Contact Info:
Name of Client:	DOB:
Insurance:	Contact Name (if different):
Best Phone Number for Client:	Availability:

Information:

1. We can call you/return your call within 24 business hours to schedule an appointment, discuss availability, and answer any questions.
2. We are in network with several insurance companies, including EAPs. Please verify your insurance benefits, including deductible and co-pay prior to your first appointment.
3. Please complete the intake paperwork prior to your appointment and bring a copy with you, along with your insurance card.

Date Referred:

Therapist:

Reason for Therapy:

First Appointment:

Show/No Show