

FAX REFERRAL FORM
SureHope Counseling & Training Center
"Redeemed. Renewed. Transformed."

FAX TO: 1-844-364-2563
PHONE: 704-593-6920
EMAIL: admin@surehopecounseling.com

LOCATIONS:

- 1935 JN Pease Pl, Suite 204, Charlotte, NC 28262
- 1126 Sam Newell Rd, Suite A, Matthews, NC 28105

PATIENT INFORMATION

- Name: _____
- DOB: _____ Gender: _____
- Phone: _____
- Email: _____
- Address: _____

- **State of Residence:** NC SC FL Other: _____

REFERRING PROVIDER INFORMATION

- Provider Name: _____
- Practice/Organization: _____
- Phone: _____
- Fax: _____
- Email: _____

REASON FOR REFERRAL (*check all that apply*)

- Anxiety
- Depression
- Trauma / PTSD
- Marriage / Couples Counseling
- Family Counseling
- Child / Adolescent Counseling
- Sex / Porn Addiction
- Grief / Loss

Spiritual / Faith-Based Counseling

Other: _____

SERVICES REQUESTED

Individual Therapy

Couples Therapy

Family Therapy

Group Therapy

Telehealth (NC Residents)

Telehealth (SC Residents)

Telehealth (FL Residents)

PAYMENT OPTIONS

Insurance (BCBS)

Insurance (Aetna)

HSA / FSA

Private Pay

CONSENT

Patient has been informed of and consents to this referral

ABOUT SUREHOPE COUNSELING

SureHope Counseling & Training Center provides professional Christian counseling for individuals, couples, and families, integrating evidence-based practices with faith-based principles to support emotional, mental, and spiritual healing.

Please fax completed referral form to 1-844-364-2563.

A member of our team will contact the patient within 24–48 business hours.

It is an honor to work with you.