

Yasmine Jeffers

Licensed Marriage and Family
Therapist Associate

REFERRAL FORM

Date of Referral: ____ / ____ / ____

Is this client aware of and agreeable to this referral? Yes NO

Is this referral urgent? Yes NO

CLIENT INFORMATION

Full Name: _____

Birth Date: ____ / ____ / ____

Parent/Guardian (if under 18 years old): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () - _____

Cell Phone: () - _____

Email: _____

REFERRING PROFESSIONAL

Name: _____

Practice: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () - _____

Email: _____

REFERRAL DETAILS

Reason For Referral (Presenting Problem):

Any Relevant Medical or Psychiatric History?:

Any History of Aggressive Behavior and/or Self Harm?:

CONTACT INFORMATION

✉ yasmine@uptown-psychology.com

🏠 1818 Lombardy Circle
Charlotte, NC 28203

☎ (704) 222 6610 Cell
(704) 412 4046 ext 700 Office
(704) 412-4046 Fax

🌟 Licensed Marriage and Family
Therapist Associate
License # 12031A

🌐 www.uptown-psychology.com
www.yasminemft.com

Please complete this form in detail & fax or email it to me. If you have any questions, do not hesitate to contact me. You may also share my contact information with the patient. Patient will receive a follow up call within 24 hours.