Appalachian Counseling & Psychological Services, Inc.
One Oak Plaza- Suite 208 Asheville, NC 28801
Telephone: (828) 575-9760 Fax: (828) 575-9761
https://apppsych.org/

ACAPS
Appalachian Counseling and Psychological Services, Inc.

Psychological Services Referral Form

Confidential Patient Information

Date:_____

Patient's Full Legal Name: _____ **DOB:**_____
Address: _____

Phone Number: _____ **Alt. Phone Number:** _____

Insurance: _____ **ID Number:** _____

Does the patient have a legal guardian? _____ **Guardian Name:** _____

Guardian's relationship to patient: _____ **Guardian Phone Number:** _____

Current Therapist/Psychologist/Psychiatrist: _____

Has the patient been admitted to a hospital or treatment center for any reason in the last year? If yes, what facility and why? _____
_____
_____

Has the patient had an assessment or intake with any other provider in the last year?
If yes, what facility and why? _____
_____

Please list any previous psychological testing: (Provider name and date of testing):
_____

Please list current prescribed psychotropic medications:
_____
_____

Reason for Referral: (Please be specific)
_____
_____
_____
_____

Referral Source/Name, Phone Number, NPI:
_____
_____