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Renewal Life Counseling, LLC

E: info@renewallifecounseling.com

Virtual Services Only: Video or Telephonic

Client Information

Client Name: _____ DOB: _____
Insurance Name: _____
Insurance ID: _____
Phone: _____
Address: _____

Referral Information

Referral Source: _____
Phone: _____
Comments: _____

Additional Notes

Reason for Referral (Include H&P, discharge summary, and medication list, if applicable)

- Psych Eval only: Diagnosis needed and/or recommendation for the level of care
- Therapy: Evaluation and continued mental health therapy services
- Employee Assistance: Assessment & referral services through the employee's workplace
- Parenting Services: Parenting support 1:1, group, or in-home (private pay only)

RLC Use

Rec: _____ Contact: _____ Appt: _____ Prov: _____