



Outpatient Counseling Referral Form

Referring to: Clouds of Thought Counseling, PLLC
Danielle Cisney, LCMHC
Counselor & Owner

Referred By: _____ Date: _____

Referral Phone: _____ Referral Fax: _____

Client Name: _____ Client DOB: _____

Client Phone: _____

Client Email: _____

Telehealth Service Requested: Individual Counseling (Serving Adults 18+ yrs)
 Relationship Counseling (Couples, Marital)

Payer:

Self Pay BCBS of NC Aetna Cigna Out of Network Benefits

If Applicable, Insurance Policy Number: _____

Name and DOB of Insured (if not client): _____

Brief Description of Current Issue(s): _____

Clouds of Thought Counseling, PLLC
Tel/Fax: 828-378-5556

Virtual Counseling for adults in North Carolina
Danielle@CloudsofThoughtCounseling.com

"Learn how to handle difficult situations in effective ways."