



RESEARCH TRIANGLE COUNSELING

Provider Referral Form

Secure Fax: (919) 694-6418

Secure Referral Email: referrals@researchtrianglecounseling.com

Website: <https://researchtrianglecounseling.com>

Please complete this form and submit via **secure fax or encrypted email**.

This form is intended for healthcare providers referring patients for outpatient mental health services.

Referring Provider Information

First Name: _____

Last Name: _____

Organization / Hospital: _____

Role / Title: _____

Email: _____

Phone: _____

Patient Information

Patient First Name: _____

Patient Last Name: _____

Patient Phone: _____

Patient Email (optional): _____

Patient Insurance Provider: _____



Referral Details

Reason for Referral:

Preferred Service Type:

- Virtual Therapy
- In-Person Therapy
- Either

Urgency Level:

- Routine
- Priority
- Urgent

Preferred Contact Method

Please indicate how you would like our office to initiate contact.

- Contact patient directly to schedule intake
- Contact referring provider first to coordinate care

How Did You Hear About Research Triangle Counseling?

- Hospital referral network
- Physician recommendation
- Online search
- Other: _____

Additional Notes



Provider Consent

I confirm that this referral request is being submitted in accordance with applicable privacy regulations and that patient consent has been obtained where required.

Submission Instructions

Please send completed referral forms via **secure fax or encrypted email**.

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Our administrative team will follow up with the patient to schedule an intake appointment.

Research Triangle Counseling

Trauma-Informed Outpatient Mental Health Care
NC & SC Licensed Clinical Mental Health Staff

Your Story Is Not Just Survival — You Are Purposed to Thrive.

Durham Office 800 Park Offices Dr. Suite 3410 Durham, NC 27709
Charlotte Office 9000 Research Dr. Suite 144 Charlotte, NC 28262
Virtual Therapy Available Across North Carolina

Website: <https://researchtrianglecounseling.com>