

Gretchen Woolsey, MSW, LCSW  
2315 Randolph Rd.  
Charlotte, NC 28211

Referral Form

Referred From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_

Client being referred: \_\_\_\_\_

Parent (if client is child): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance for Client: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_