3501 5th Avenue Ste. A
Lake Charles, LA 70607
337-429-5129 office
337-214-2077 fax
info.resolutionscounseling@gmail.com

Behavioral Health Referral

Patient Name_____ **D.O.B**_____

Address_____

Home Phone_____ **Cell Phone** _____

Parent(s): _____

Insurance:_____

Reason for Referral:_____

_____

Referring Agency/Contact:_____

***** Please follow up with our office regarding the status of this referral*****