

Please follow these steps to submit the client referral form:

1. Download the referral form to your desktop.
2. Complete the form with the necessary information.
3. Save the completed form.
4. Attach the document to your email.
5. Send the email to jepratt@hopeandinspirationpsych.com.
6. In the subject line, write: Completed Referral Form – [Your Initials].

Referral Request

Hope and Inspiration Psychological Services, PLLC
Jill Pratt, NC Licensed Psychological Associate #5215
16501D Northcross Drive
Huntersville, NC 28078
Phone (704)325-9464; Fax (704)275-8133

Referring Provider/Agency: _____

Referral Coordinator: _____ Phone Number: _____

Guardian Name: _____

Guardian Phone number: _____ Guardian Email Address: _____

Patient/Client Name: _____

DOB: _____ Age: _____ Gender: _____

Hope and Inspiration Psychological Services DOES NOT take MEDICARE or Medicaid Providers not listed here.

Primary Insurance:

Aetna Medicaid Alliance Partners Vaya Amerihealth Wellcare
 Other: _____

Insurance ID #: _____

Does the patient have secondary insurance? YES or NO

If so, provide name of insurance company: _____

Secondary Insurance ID #: _____

Reason for referral:

Service needed: Psychological Evaluation Autism Evaluation Learning Disability
 Re-evaluation of DD (IQ, and adaptive) Evaluation for ADHD

Records attached: Notes CCA Prior Psychological Evaluation Physician visit notes

Other: _____

If you have any questions regarding your client or patient, please call us. Thank you for the referral. This correspondence may contain information that is confidential and/or legally privileged. It is intended only for the use of the individual(s) and entity named as recipients in the message. If you are not the intended recipient, please notify the sender immediately and delete the material from any computer. Do not deliver, distribute, or copy this message and do not disclose its contents or take any action in reliance on the information it contains.