Client Referral Form for
DBT SERVICES

Clarity Counseling Services
815 Quarrier St. Suite 230
Charleston, WV 25301
681-460-8911

Client Information

Full Name :

Phone :

Email :

Address :

Insurance Name :

Insurance ID. :

DOB: :

SSN :

Gender :

Pronouns :

Referral Information

Preferred Program ☐ Skills Group + Individual ☐ Skills Group only

Preferred Method ☐ In-Person ☐ Virtual

Reason for Services/ Diagnosis

Referring Provider Information

Business Name :

Phone :

Provider Name :

Consent

I confirm the information is accurate and agree to be contacted by Clarity Counseling Services.

Signature :

Date :