



COASTAL
BEHAVIORAL
SCIENCES

O 910.254.4818
F 910.254.4819

710 Military Cutoff Rd, Suite 120
Wilmington, NC 28405
www.coastalbehavioralsciences.com

Robert M. Adams IV, MD
Psychiatrist

Kimberly S. Adams, PsyD, ABPP-CN
Neuropsychologist

Carol Lockman, FNP
Family Nurse Practitioner

Linda Burbank, LCSW
Psychotherapist

Morgan Lankford, MS, CRC, LPCA
Rehabilitation Counselor

New Patient Referral Form

Fax to 910-254-4819

• *A copy of both sides of the patient's insurance card must accompany this form.*

Patient Name: _____

Patient DOB: ____/____/____ **Age*:** ____ **Gender:** M F

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Best phone number to reach patient: (____) ____ - _____

Alternate phone number: (____) ____ - _____

***If the patient is a minor (less than 18 years old), the following is *required*:**

Legal guardian's name: _____

Legal guardian's address: Same or _____

Legal guardian's phone number: (____) ____ - _____

Relationship to patient: _____

Name of referring provider: _____

Address of referring provider: _____

Phone (____) ____ - _____ **Fax:** (____) ____ - _____

REASON FOR REFERRAL (Please indicate services requested):

- Psychiatric Assessment (medication evaluation and/or management)
- Psychological Assessment (ADHD, LD, Mood Disorders, Autism, etc)
- Neuropsychological Assessment (Memory testing, dementia, TBI, stroke)
- Psychotherapy (depression/anxiety, ADHD, PTSD, stress management, family/marital issues, etc)
- Other (explain): _____

Please fax this form along with copies of insurance card and Carolina Access authorization code (if applicable) to 910-254-4819. We will contact your patient about the referral and appointment request as soon as possible and mail them a New Patient Appointment Request packet. The Providers at Coastal Behavioral Sciences thank you greatly for this referral!