The Christian Counseling Center
of First Presbyterian Church, Inc.

1500 Lady St. Columbia, SC 29201
803-779-1995

Referral for Psychiatric Services

Date: _____

Patient Referred: _____ **DOB**: _____

Reason for Referral: _____

_____

Diagnosis: _____

Current Medications: _____

_____

Patient's Insurance:_____

Name of Provider Referring: _____

Previous Psychiatrist (if applicable): _____

For Physicians:
Please include last labs and progress notes.

For LPC/LMSW:
Please ensure patient has been seen by primary care physician within the last twelve (12) months.
Include the patient's initial intake note and last progress note.

Send referral and documents via secure email form on our website at
www.christiancounseling.ws/psychiatric-services
or fax to 803-779-7881.