



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.*