

Healing Harbor Counseling, PLLC

13500 NC HWY 50
Suite 213
Surf City, NC 28445

Provider: Megan Kovach, LCMHCA, NCC

Phone: 910.375.1565

Email: megan@healingharborcounselingnc.com



Referral Form

Please email the completed form to the email address listed above

Date of Referral: ____ / ____ / ____

Referring Provider: _____ Practice: _____

Email: _____ Phone: _____

Client Information:

Name: _____

DOB: ____ / ____ / ____ Gender: _____ School/Occupation: _____

Legal Guardian (if client is under 18): _____

Caregiver (if not legal guardian): _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Permission to: _____ Call _____ Leave message _____ Text _____ Email

Reason for Referral:

Any other relevant information: _____
