

Carolinas Biofeedback Clinic, LLC

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Melanie Berry, MS, BCB-F, BCN, D-ANA, FAIS
Board Certified in Biofeedback
Board Certified in Neurofeedback
Diplomate – American Neurotherapy Association
Fellow, American Institute of Stress
Fellow, BCIA
Clinical Director

Aubrey Berry, BS, BCB-T, CP-TLP, CHP, CES
Board Certified Biofeedback Specialist
Shay Clark, MA, LPC, BCN, CES Board Certified
Neurotherapist

Kristyn Dunn, MS, LSC, OMC, CHP
Certified Neurofeedback Specialist
Morgan Hodge, Ph.D., BCN, CHP, CES
Board Certified Neurotherapist

REFERRAL FORM

Patient Name: _____

Address: _____

Contact Number*: _____

**If patient is a minor, please list contact name for above number and relationship to patient:* _____

Patient Date of Birth: _____ Gender: _____

Diagnos(es) (Must include this) : _____

Diagnosis Code (s) (Must include this): _____

Reason for Referral: _____

Name of Referring Provider: _____ NPI#: _____

Office Name: _____

Office Address: _____

Phone Number: _____ Fax Number: _____

Referring Provider Signature: _____ Date: _____

PLEASE INCLUDE ANY PATIENT MEDICAL RECORDS RELEVANT TO THE REFERRAL. A member of Carolinas Biofeedback Clinic will contact the family to offer them a free 20-minute phone consult or instructions for making their first in-person appointment. Thank you!