

# Triad Neuropsychology and Forensic Services, PLLC

Samantha Sedlak, Psy.D./Licensed Psychologist (NC 5529)

Office Location: 202B North Fifth Avenue, Mebane NC 27302

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## Referral Form

Referring Provider: \_\_\_\_\_

Referral Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Reason for Referral:

Please fax completed form to: 336-850-1858 or email to: [referrals@triadneuropsychology.com](mailto:referrals@triadneuropsychology.com)

\*\*Please include any pertinent records (e.g., medical records, previous evaluations, school records, etc.).

**Thank you so much for your referral!**

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(For Office Use Only – to be completed and returned to referral source)

Patient's intake appointment is scheduled for \_\_\_\_\_ at \_\_\_\_\_.

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Mailing Address: P.O. Box 8, Mebane NC 27302  
Phone: 336-329-6306 Fax: 336-850-1858 Email: [sedlak@triadneuropsychology.com](mailto:sedlak@triadneuropsychology.com)