



4431 County Home Road  
Conover, NC 28613  
(828) 256-3436

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Fax form to The Cognitive Connections: (828)256-3623

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### STEP REFERRAL

Date of Referral: \_\_\_\_\_

Referral Name: \_\_\_\_\_ DOB \_\_\_\_\_

Phone # \_\_\_\_\_

Ages of children: \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_ City, \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

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