Referral Form

Date: ___________________

Referring Provider Office Name: ___________________________ **Contact Person:** ____________________

Referring Provider Name: _________________________________ **NPI:** ______________________________

Phone #: ______________________ **Fax#:** _______________________

Reason for referral: ____

Client Information: **MR#:** _________________________

Last: _________________________ **First:** _______________________ **MI:** _____ **DOB:** ______________

SSN: ________-______-____________ **Address:** ____

Phone #: Home: ___________________ **Cell:** ___________________ **Work:** _________________________

Parent/ Legal Guardian Name: ______________________________ **Phone#:** __________________________

DSS Caseworker Name: __________________________________ **Phone#:** ______________________

DJJ/ Probation Officer: _____________________________ **Phone#:** _______________________

Previous Mental Health Providers: _________________________________ **Phone#:** _________________

Allergies: ____

Medication List: ____

Please fill out completely and send a legible copy of Insurance card:

Primary Ins: _______________________ **Group #:** ______________ **Phone #:** _____________________

Subscriber's Name: ____ **DOB:** ____________________

Subscriber's ID: _____________________________ **SSN:** _________________________________

Secondary Ins: _________________ **Group #:** ______________ **Phone #:** _____________

Subscriber's Name: ____ **DOB:** __________________

Subscriber's ID: _____________________________ **SSN:** __________________________________

Office Use Only:

Appt Scheduled for: ________________ @ __________ **am / pm with** _________________________________

NOT SCHEDULED FOR THE FOLLOWING REASONS: ☐ Unable to Contact ☐ Declined Services

732 Davis Avenue
Whiteville, NC 28472
P#: 910-640-1038
F#: 910-640-1465

1600 East 5th Street
Lumberton, NC 28358
P#: 910-738-3571
F#: 910-738-6148

609 Harry West Lane Ext.
Pembroke, NC 28372
P#: 910-521-7288
F#: 910-521-7287