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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[ ]  Alamance County:**408 Alamance Road, Suite BBurlington, NC 27215 |  | **[ ]  Forsyth County:****1411 Millgate Drive, Suite B****Winston-Salem, NC  27103** |  | **[ ]  Rockingham County:****7301 Hwy 87****Reidsville, NC  27320** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referred By: |  |  | Referral’s Phone: |  |
| Referring Agency: |  |  | Referral Date: |  |
|  |
| **SERVICES BEING REQUESTED** |
| [ ]  Clinical Assessment [ ]  Exposed Transitional Living Services [ ]  Intensive Recovery Support   [ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **CONSUMER INFORMATION: RECORD#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Consumer’s Name: |  |
| Date of Birth: |  |  | Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **INSURANCE / FUNDING SOURCE:** |
| [ ]  Cardinal Medicaid [ ]  Sandhills Medicaid  |  | [ ]  None  |  |
|  |

Primary Insurance #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Insurance#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address: |  |
| City/State/Zip: |  | County: |  |
| Home Phone: |  |  | Work Phone: |  |
| Marital Status: | [ ]  Married [ ]  Single |  | Race/Ethnicity: |  |
| Gender: | [ ]  Male [ ]  Female |  | School/Grade: |  |
| Employer’s Name: |  |  | Occupation: |  |
| Is there a history of treatment? (Please check one) | [ ]  None | [ ]  Unknown |
|  |  |  | [ ]  Psychiatric | [ ]  Substance Abuse |
|  |  |  |  |
| **FAMILY OR LEGAL GUARDIAN INFORMATION:** |
| Mother’s Name: |  |  | Father’s Name: |  |
| If the consumer does not live with either parent who is the legally responsible person? |
| Person’s Name: |  |  | Phone Number: |  |
| **PRESENTING PROBLEM OR REASON FOR SEEKING SERVICES:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |