**.**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| |  |  |  |  | | --- | --- | --- | --- | | **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:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |