

REFERRAL FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Client NAME: | Private Pay\* | Insurance/No Insurance | Type of Insurance |
| ADDRESS |  |
| DATE OF BIRTH |  |
| SOCIAL SECURITY # |  |
| CONTACT PERSON |  |
| PHONE # |  |
| REFERRAL SOURCE |  |
| DATE OF REFERRAL |  |
| REASON FOR REFERRAL: |
| 1ST CONTACT |  OUTCOME |  |
| DATE | TIME CALLED |  |
| 2ND CONTACT |  OUTCOME |  |
| DATE | TIME CALLED |  |
| 3RD CONTACT |  OUTCOME |  |
| DATE | TIME CALLED |  |

**Please check the type of Service-Requested \***

 **OUTPATIENT THERAPY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CLINICAL COMPREHENSIVE ASSESSMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CASE MANAGEMENT PREGNANT WOMEN AND CHILDREN \_**\_\_\_\_\_\_\_\_

 **PEER SUPPORT \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CASE MANAGEMENT \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER: PLEASE BE SPECIFIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Corporate Office: Durham**

2530 Meridian Parkway, Suite 3006

Durham, NC 27713

**Please visit our other locations:**

**South Carolina**

1615 Lee Street

Camden, SC 29020

**Texas**

5100 Westheimer rd. suite 200

Houston, TX 77056

***Email referrals to:*** Greateroutreach@hotmail.com

 ***Or fax to: 866-770-5166***