

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](mailto:Greateroutreach@hotmail.com)

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