

Cooper Behavioral Health Services – Referral Form

Fax to: 828-372-4580 or email kim@coopernp.com

Referred by:	
Name:	Organization:
Phone:	Email:

Client:	
Legal Name:	Preferred Name:
Date of Birth:	Phone:
Full Address:	Email:

Emergency Contact and/or Legal Guardian	
Name:	Relationship to client:
Phone:	Email:

Reason for referral:	
Medication list:	

Please send current or most recent H&P and/or Discharge Summary

Will client be using insurance? [] Yes [] No

(if using insurance, please send photos of front & back of insurance card)