



Step By Step Care^{INC}

Where Progress is a Process

REFERRAL FORM

Referring Person	Contact Person
Organization	Office Phone:
Address	Fax:
Requested Services	

CLIENT INFORMATION

Name	Date of Birth	
Address	Soc Sec #	
Phone #	Alternate Phone #	
Guardian Name	Relationship to Consumer	
Guardian Address	Guardian Phone #	
Has Guardian given consent for treatment?	Yes / No	Who should we contact to schedule intake?
Has family been notified about referral?	Yes / No	Preferred notification of referral/case:

INSURANCE PROVIDER

MEDICAID	Yes/No	Insurance ID#
PRIVATE	Yes/No	ID#
NCHC	Yes/No	ID#
UNKNOWN		ID#

PRESENTING ISSUES AND SYMPTOMS

--

709 E Market St. Suite 100-B
 Greensboro NC 27401
 TELEPHONE: 336-378-0109 FAX: 336-378-0180