



1305 E. Garrison Blvd., Gastonia, NC 28054
 (p) 704-852-3874 (f) 704-852-7060

Referral Form
Please fax this form

CLIENT INFORMATION:

Date: _____

Name: _____ Birth Date: _____ (M) _____ (F) _____

Address: _____ City _____

Zip Code: _____ Phone: _____ Other _____

Type of Insurance _____

We accept Medicaid and most other insurance along with self pay.

Behavioral Healthcare and Substance Misuse Treatment Services

Service	Please Check	Services	Please Check
Comprehensive (CCA) Substance Use ASSESSMENT/DWI Evaluation		Comprehensive Clinical Assessment (CCA) Mental Health	
Substance misuse outpatient Treatment-Basic/SAIOP/SACOT		Individual Therapy	
Other:		Other:	

Referring person _____ Contact Number _____

Agency _____

Agency Phone Number _____ Fax number _____

Comments: _____
