



“Working With Families For Families”
232 Gilmer Street, Suite 206, Reidsville, NC 27320
Office Phone: (336) 347-7415 Office Fax: (336) 347-7419

Please check service that consumer is being referred to:

- | | |
|--|--|
| <input type="checkbox"/> DIAGNOSTIC ASSESSMENT | <input type="checkbox"/> MEDICATION MANAGEMENT |
| <input type="checkbox"/> INTENSIVE IN-HOME SERVICES | <input type="checkbox"/> MST-MULTISYSTEMIC THERAPY |
| <input type="checkbox"/> COMMUNITY SUPPORT TEAM – ADULT ONLY | <input type="checkbox"/> OUT PATIENT PSYCHOTHERAPY |
| <input type="checkbox"/> MH/SA TARGETED CASE MANAGEMENT | |

Date: _____ Time: _____

Name/Agency of person making referral: _____ Contact Phone: _____

Does the consumer have a Mental Health Provider? _____ If so, name of agency and service involved: _____

Consumer’s Name: _____ D.O.B. _____ Age: _____

Name of parent/guardian: _____

Are parent/guardian aware of this referral? _____ if not, please inform parent of referral.

Address: _____

Home Phone #: _____ Cellular Phone# _____

Best time to call: _____

Please list other agency involvement (counseling, DSS, DJJDP, etc): _____

Brief Description of problems/issues:

Type of Insurance(Medicaid, Health Choice, IPRS): _____

Family should expect to receive a call within 48 hours of receiving form.

Faith In Families Inc. honors and appreciates all referrals to our agency!!!!!!

Please fax this referral to **(336) 347-7419**

Internal Use Only Date Turned in to Supervisor: _____ Date intake completed: _____
