



SERVICE REFERRAL

Client Name				
	Last	First	MI	DOB
Client Address				
	Street Address	City	State	Zip
Phone #		Social Security #		
Insurance Name		Policy #		

SERVICE RECOMMENDATION

** Please Note: This form does not guarantee program vacancy and additional information may be required for program admission.

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Hickory | <input type="checkbox"/> Valdese |
| <input type="checkbox"/> Psychiatric Medication Management | <input type="checkbox"/> Hickory | <input type="checkbox"/> Valdese |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Hickory | <input type="checkbox"/> Valdese |

For these programs, please call for specific information. Another referral form may be required.

- Assertive Community Treatment Team.....(828) 695-2201
 Connections Psychosocial Rehabilitation.....(828) 466-0030
 Life Skill Services.....(828) 695-2150
 Residential Services (IDD + MH).....(828) 465-6130

Please Fax this form along with patient notes to (828) 695-4256

Hickory Clinic
Ph: (828) 695-5900
 327 1st Ave NW
 Hickory, NC 28601

Valdese Clinic
Ph: (828) 624-1900
 205 Morgan St SE
 Valdese, NC 28690