

Infinite Beginnings, LLC

Referral Form

Select County	Gaston	Cleveland	Lincoln	Watauga	Wilkes	Burke	City:
	Avery	Catawba	Yancey	Ashe	Mitchell	Caldwell	New Client <input type="checkbox"/> Existing Client <input type="checkbox"/>

Referral Demographics.

Name:		Referral Date:	
Address:		DOB:	Age:
Email:		SSN:	
Phone No:		Medicaid No:	
Marital Status:		Other Ins:	
Race:		Living arrangement: <input type="checkbox"/> Homeless <input type="checkbox"/> Unsheltered <input type="checkbox"/> Other	
Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them		Explain:	
		Guardianship: <input type="checkbox"/> Own Guardian <input type="checkbox"/> Adjudicated Incompetent	
Guardian Name:		Guardian Phone No:	

Referred Service: <input type="checkbox"/> Medication Management (Medicaid Only) <input type="checkbox"/> Individual Support service <input type="checkbox"/> Out-Patient Therapy Service (Medicaid Only) <input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Peer Support Service <input type="checkbox"/> Substance Abuse Intensive Outpatient (SAIOP)	Reason for Referral:
	Referral made by: <input type="checkbox"/> Self <input type="checkbox"/> Doctor <input type="checkbox"/> Community Agency/Hosp/MCO:
Care Management Name and Phone No.:	Phone No. of Referral source:

Diagnosis Information:	Primary Care Physician / Psychiatrist:
Tailored Care Management: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	Is Referral receiving services from another Agency or Service provider: <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:

- All Referrals will be seen for intake to engagement within seven (7) business days.
- Please include most current evaluation and PCP, if applicable, for Referral
- Referral form (and additional docs, if applicable) can be sent via confidential fax, mailed, or password protected scanned documents Fax: 828-537-4938 Attn: Referral.
- Or email: ysmith@infinitebeginningsnc.org ; Phone No: 704-671-4047

