



(704) 865-3525 P • (704) 865-3520 F • [www.supportinc.org](http://www.supportinc.org)  
Gaston • Lincoln • Cleveland • Catawba • Mecklenburg

**USING OUR WEBSITE IS THE PREFERRED REFERRAL METHOD**  
**Click on the Make a Referral tab and use the Appointment Form**

**New Client Referral Form**  
Please fax this form to 704-865-3520

If you have any questions, please email us at [referrals@supportinc.org](mailto:referrals@supportinc.org) or call us at 704-865-3525, ext 2.

Date of Referral:	
Referring Agency and Person:	
Referral Phone and Fax number:	
Referral Address:	
<b>CLIENT INFORMATION</b>	
Full Name:	
Date of Birth:	
Sex/Race:	
Social Security Number:	
Full Address:	
All Current Phone Numbers:	
<b>Parent/Guardian First and Last Name and Email Address</b> (this is very important to be able to send intake paperwork)	
<b>INSURANCE INFORMATION</b>	
Insurance Type:	

Member/Client ID#: & Policy Holder Name and Relationship to Client:	
<b>PRESENTING PROBLEM &amp; NEEDS</b>	
<p>Presenting problem and services needed:  <i>Please chose all services requested.</i></p> <p><input type="checkbox"/> Medication Management Only (MM)</p> <p><input type="checkbox"/> Outpatient Therapy (OPT)</p> <p><input type="checkbox"/> Intensive In-Home (IIH)</p> <p><input type="checkbox"/> Day Treatment (DTX)</p> <p><input type="checkbox"/> Therapeutic Foster Care (TFC)</p> <p><input type="checkbox"/> Family Centered Treatment (FCT)</p> <p><input type="checkbox"/> High Fidelity Wrap-Around (HFW)</p> <p><input type="checkbox"/> To be determined by clinical evaluation</p>	<p><i>Please detail the nature of the client's presenting problem and behavioral health needs.</i></p> <p>Please check if in presenting problem:</p> <p><input type="checkbox"/> Suicidal Ideations</p> <p><input type="checkbox"/> Homicidal Ideations</p>
Previous Diagnoses:	
Previous Mental Health Providers:	
<b>PSYCHIATRIC INFORMATION</b>	
Known Allergies:	
Current Psychiatric Medications:	
Prescribing Physician (Psychiatric Meds only):	
Clinic Name:	
<b>OTHER INFORMATION</b>	
Is the client involved with Social Services or The Juvenile Court System?	
School Name and Grade	
Primary Care Physician and Clinic Name:	