

Assesment Fee: Yes No (Payment is due at time of service)

Enrollment for IPRS/State Funded: Yes To be completed

Appointment: _____

Arrived: _____



Reidsville Office

229 Turner Drive Reidsville, NC 27320
Phone 336.349.2233 • Fax 336.634.0444

Stokes Office

131 Plant St. Suite 1 Walnut Cove, NC 27052
Phone 336.536.1024 • Fax 336.536.1040

Burlington Office

2815 S. Church St, Unit 100 Burlington, NC 27215
Phone 336.586.0647 • Fax 336.586.0729

Greensboro Office

526 N. Elam Ave., Suite 103 Greensboro, NC 27403
Phone 336.285.7079 • Fax 336.617.6397

Referral Form

"Youth Haven Services supports the healing of children, adolescents and adults through empowerment and hope"

(For office use only)

1st Contact: Date _____ Time: _____ Comments: Left message not available

2nd Contact: Date _____ Time: _____ Comments: Left message not available

3rd Contact: Date _____ Time: _____ Comments: Left message not available

Date of referral: _____ Time of Referral _____ Phone _____ Person _____

Referred by: _____ Phone # _____ Fax # _____

Referral Source: School DJJ Hospital LME DSS Other: _____

PCP _____ NPI # _____

Is parent/guardian of children/adolescent or adult client aware of this referral? Yes No

Child/Adolescent Adult Male Female (Are you currently pregnant: Yes No)

Client's Name: _____ DOB: _____

SS#: _____ MCO Record# (if applicable): _____

School Attending: _____ N/A

Primary Care Physician: _____

Parent/Guardian's Name: _____ Home/Cell Phone #: _____

Current Address: _____

Insurance Information: (YHS have clinicians on the following funding sources: Medicaid, Health Choice, BCBS, Aetna, MHN/Tri-Care, Cigna, UHC/UMR)

Primary Insurance: Medicaid Health Choice BCBS Tri-Care State funds Aetna Cigna
 Medicare United Health Care/UMR United Behavioral Health Out-of-Pocket Other: _____

Insurance Card Number: _____ Copay \$ _____ Deductible \$ _____

Secondary Insurance: Medicaid Health Choice BCBS Tri-Care State funds Aetna Cigna
 Medicare United Health Care/UMR United Behavioral Health Out-of-Pocket Other: _____

Insurance Card Number: _____

LME/MCO: Cardinal Innovations Sandhills Partners Other: _____

Reason for Referral:

Substance Use: Yes No (If yes, then SASSI needs to be completed at intake)