

Trinity Behavioral Health PC

2716 Troxler Road
Burlington, NC 27215

Fax for all referrals: 336-570-0201
Phone: 336-570-0104 (medical records option 3)

439 US 158
Yanceyville, NC 27379

Referral Form

Referral Date: _____

Client Information:

Name: _____ DOB: _____ Age: _____

Address: _____

City/State/Zip: _____

Gender: M ___ F ___ Primary Language Spoken: _____

Contact #: _____ Client or Guardian

Guardian (if necessary):

Name: _____ Contact #: _____

Address: _____ City/State/Zip: _____

Primary Language Spoken: _____

Reason for Referral: _____

Inquiring About:

<input type="checkbox"/> Intensive In Home	<input type="checkbox"/> Outpatient Therapy	<input type="checkbox"/> Comprehensive Clinical Assessment
<input type="checkbox"/> SAIOP	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Other:
<input type="checkbox"/> Community Support Team	<input type="checkbox"/> Psychosocial Rehabilitation	

External Referring Source: (Attachments may be added when submitting)

Name: _____ Agency Name (if applicable): _____

Contact #: _____ Home Work Cell

Email Address: _____

Relationship to Consumer: _____

Current services agency provides to client: _____

Other Agencies or Professionals Currently Involved:

Name: _____ Agency: _____

Phone #: _____