**REFERRAL INFORMATION**

|  |
| --- |
| Date of referral: |
| Referring Person: |
| Agency: |
| Phone Number: |
| Reason for referral: |
|  |
|  |

**CONSUMER INFORMATION**

|  |
| --- |
| Member’s Name: DOB: |
| Race: Gender: Marital Status: |
| Insurance: Ins. #: Expiration Date: |
| Home Phone #: Work #: Cell#: |
| Address: |
| # in household: Annual Income: |
| Name of Guardian: Relationship to Member: |
| Guardian’s Address: |
| Guardian’s Phone #: |

**MEDICAL/EMERGENCY INFORMATION (UPDATE ANNUALLY)**

|  |
| --- |
| Person to contact in case of emergency: |
| Emergency contact relationship to member: |
| Emergency contact phone #: |
| Emergency contact address: |
| Member’s allergies: None Known |
| Member’s medical condition: |
|  |
| Member’s PCP: PCP phone #: |
| PCP Address: |
| Member’s medications: |
|  |
|  |

**WHAT OTHER AGENCIES/SERVICE PROVIDERS ARE INVOLVED WITH MEMBER:**

|  |  |  |
| --- | --- | --- |
| **Name of Agency/Provider** | **Contact Name** | **Contact Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Name of Member’s School** | **Contact Name** | **Contact Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |

**PRIMARY CONCERNS**

|  |
| --- |
| **Behavior Problems (Please describe briefly).** |
|  |
|  |
|  |
| **Emotional Problems (Please describe briefly).** |
|  |
|  |
|  |
| **Academic/employment problems (Please describe briefly).** |
|  |
|  |
|  |
| **Other Problems (Please describe briefly)** |
|  |
|  |
|  |
| **Treatment History (Please describe briefly)** |
|  |
|  |
|  |

**CAN JCSS, INC. HELP?**

|  |
| --- |
|  **Yes** |
|  **No, your needs appear to be outside the scope of our agency capacity at this time. See Referrals** |

**REFERRALS – PLACES THAT CAN HOPEFULLY MEET YOUR NEEDS (AGENCY & CONTACT INFORMATION**

|  |
| --- |
| **1.** |
| **2.** |
| **3.** |
|  **Copy of form given to Member/Guardian at intake Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Copy of form mailed to Member/Guardian Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 **PLEASE FAX TO (252) 520-0024**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Completing Form Date**