

EVERGREEN BEHAVIORAL MANAGEMENT, INC.

1409 PINCKNEY ST.
WHITEVILLE, NC 28472
PHONE: 910-641-0600
FAX: 910-641-0606

4276C LEGEND AVE
FAYETTEVILLE, NC 28303
PHONE: 910-867-0035
FAX: 910-867-0545

416 FAIRLEY ST
LAURINBURG, NC 28352
PHONE: 910-276-8545
FAX: 910-276-8587

220 G&H WINTERGREEN DR.
LUMBERTON, NC 28358
PHONE: 910-738-9420
FAX: 910-671-9414

1911 SOUTH 17TH ST, STE. 100
WILMINGTON, NC 28401
PHONE: 910-791-9625
FAX: 910-792-9799

Appointment Date: _____ Time: _____

Provider: _____

Referral for Services/Pre-Screening

REFERRAL DATE: _____ LOCATION: _____

Client/Patient Name: _____
Last Name First Name Middle/Maiden

Date of Birth: _____ Age: _____ Race: _____ Social Security #: _____

Address: _____ Best Phone # To Contact: _____
Street
City/State Zip Code

Is consumer their own legal guardian?: Yes No Guardian/Parent Name: _____

Address: _____ Best Phone # To Contact: _____
Street
City/State Zip Code

Referral Source: Self Referral
 Physician/ Agency: _____

Address: _____

Contact Name: _____ Telephone: _____

Referring Diagnosis (if applicable): _____

Brief Explanation of Reason for Referral/Office Visit: _____

Is consumer currently receiving Mental Health services? Yes No Services: _____

Agency / Physician: _____

Current Medications: _____

Evaluate Severity of Need **Emergent/Crisis**: 2 Hours maximum for service initiation
with Response Timeline: **Urgent**: 48 Hour maximum for service initiation
 Routine: 7 Calendar days maximum for service initiation

REQUIRED INFORMATION

COPY OF INSURANCE INFORMATION (FRONT AND BACK) MUST ACCOMPANY THIS FORM

Is Client covered by Medicaid? _____ Yes _____ No If yes, Medicaid Number: _____

Is Client covered by Medicare? _____ Yes _____ No If yes, Medicare Number: _____

Name of Insurance Company: _____

Policyholder/Subscriber Name: _____ Policy #: _____ Group #: _____

Relationship to Patient/Client: _____ DOB: _____ SS#: _____

MEDICAID/CAROLINA ACCESS Recipient ID: _____ NPI/Auth #: _____

PCP Name/Office: _____

Staff Signature _____

Date _____