FAMILY INNOVATIONS, LLC
"Changing Lives, One Family At A Time"

3703 Latrobe Drive Suite 240
Charlotte, NC 28211
(O) 704-371-3050/ (F) 980-938-8533

Referral Form

Source Information: Referral Date: ______________________

Name: __________________________ Agency Name: __________________________

(Referring agency must **fax** current Comprehensive Clinical Assessment)

Phone: ______________________ Fax: _______________________

Consumer Information:

Is consumer their own legal guardian? Yes or No?

Guardian Name: ________________________ Guardian Number: ___________________

Name: ____

Last Name First Name Middle Name

DOB: _________________ Sex: ___ Race: ____ SSN: __________________

Current Address: ____

City: ____________________State: _____ County: ______________ Zip Code: ___________

Home Phone: _______________ Cell Phone: ______________ Other: _______________

Primary Physician: _____________________ Psychiatrist: ____________________________

NC MID#:______________________ Other Insurance: ___________________________

Diagnosis (current & past): ____

Current services being provided: ____

Physical Health: ____

Prior Hospitalization? (MH) Yes or No. Where? __________________________________

____

Medication List____

____

Reasons for Referral:____

____

Fax to: Family Innovations, LLC 980-938-8533 If any questions call 704 371-3050