



PLEASE CALL FOR AN APPOINTMENT (877) 589-3969 OR (877) 589-3969
FAX THIS FORM TO 1-877-786-5369 OR SCAN TO REFERRALS@COREESSENTIALSNC.ORG

Date of Referral: _____ Urgent Contact referral source first

Service Office Location _____ (Durham-OPC-Wake; Warrenton; Charlotte)

Referring Agency (Please Print): _____

Referring Agency contact Name & Tel#: _____

Primary Care Physician Name: _____ Tele#: _____

Primary Care Physician NPI #: _____

Client's Name: _____ Date of Birth: ____/____/____

Client's Address: _____ Social Security #: ____-____-____

Primary Telephone#: _____ Secondary Telephone#: _____

Subscriber's Insurance Type and #: _____

Legal Guardian's Name and Telephone #: _____

Has the client received services before? Yes No if yes, list the name of previous provider(s) and date of service:

Select all that apply from below (some services may be referred out):

- | | |
|---|---|
| <input type="checkbox"/> Individual/Outpatient Therapy | <input type="checkbox"/> Clinical Assessment |
| <input type="checkbox"/> Substance Abuse Assessment | <input type="checkbox"/> Diagnostic Assessment |
| <input type="checkbox"/> Comprehensive Evaluation | <input type="checkbox"/> Psycho~Education |
| <input type="checkbox"/> Group Therapy | <input type="checkbox"/> Life Skills Counseling |
| <input type="checkbox"/> Psycho-Educational Evaluation | <input type="checkbox"/> (Other) |
| <input type="checkbox"/> Academic Enrichment (reading~math~writing) | |

Comments/Special Considerations

Depression Psychosis Adjustment Disorder Substance-Related Disorder Grief Anxiety Disorder
Eating Disorder Bipolar Disorder Impulse Disorder Borderline Personality Disorder Obsessive Compulsive Disorder Oppositional Defiant
Disorder Conduct Disorder Gender Identity Disorder PTSD ADHD Phobias Panic Disorder Impulse Control Disorder

Children~Adolescents~Adults
Core Essentials "Inner Strength, Outer Change"