739 Chappell Drive, Raleigh, NC 27606 | Telephone (919) 832-3909 | Fax (919) 755-7421 | nctlc.org

Individual and Family Services Referral Form

Client Information		
Client's Name:	Date of Birth:	Gender: ☐ Male ☐ Female ☐ Other
Parent/Guardian Name:	Address:	
Home Phone:	Email Address:	
Cell Phone:		
Place of Birth:		
Current Living Situation:		
☐ Family Home	☐ Group Home	☐ Alternative Family Living
☐ Homeless Shelter	☐ Hotel	☐ Apartment/Independent Living
☐ Other, please specify:		
Preferred way of communication with parent/guardian:		
☐ Phone	☐ Text	☐ Email
Interpreter Needed:	☐ No	☐ Yes, specify language:

Medical/Insurance/Funding Information	
Primary Care Physician:	
Phone Number:	Fax Number:
Insurance Information:	
☐ Medicaid ID Number:	
☐ Blue Cross Blue Shield Subscriber ID: Group ID: Policyholder Name: Policyholder Date of Birth:	
☐ Other Insurance (please list): Name of Insurance: ID Number:	
Other Funding Sources	
☐ IPRS Funding	☐ Private Pay

Reason for Referral/Services Requested/Presenting Problems		
Testing Services		
☐ Developmental	☐ Diagnostic	☐ Intelligence/IQ
In-Clinic and Outpatient Services		
☐ Applied Behavior Analysis	☐ Mental Health Services	
☐ Behavioral Health	☐ Triple P (individual and/or group)	

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Home and Community Based Services	
☐ Respite Care	☐ Community Living Supports
☐ Community Navigator	☐ Residential Supports
Presenting Problems/Specific Concerns:	

Recent Medical/Therapeutic History
Significant Medical History:
Previous Evaluations/Assessments:
Previous and/or Current Therapies:
Previous Diagnosis:
Other Agencies involved with client:

Referral Source Contact Information		
Name:	Agency:	
Phone:	Email:	
Best way to contact:	☐ Phone	☐ Email
Did parent give consent for referral	☐ Yes	☐ No
Send referral form to:	Fax: 919-755-7421	Email: referrals@nctlc.org