

PRIMARY HEALTH CHOICE, INC.

REFERRAL FORM



Email form to Hollie Locklear, Chief Operating Officer: hlocklear@primaryhealthchoice.org
or Fax to: 910-865-3874 Corporate Phone: 910-865-3500

Services

- ☐ CAP Case Management ☐ NC Innovations Waiver ☐ Psychological Testing ☐ Peer Support
☐ Tailored Care Management ☐ Intensive In-Home ☐ Comprehensive Clinical Assessments
☐ Medication Management and Therapy ☐ Diagnostic Assessments

Client Information

First Name

Last Name

Date of Birth

Phone

Email

Address: Street

City

County

Zip Code

**Responsible
Party for Client**

Insurance Information

Does client have Medicaid? YES ☐ NO ☐ Other insurer/payor

Medicaid ID

Information of Person Making Referral: Full Name

Phone

Email

Referral Source

- ☐ Other Provider Agency ☐ DSS Referral ☐ Foster Care Referral
☐ Juvenile Justice Referral (Individualized Education Plan or other Behavioral Plan in place?) ☐ School Based Referral (Individualized Education Plan or other Behavioral Plan in place?) Other:

www.primaryhealthchoice.org