

Hickory Office 327 1st Ave NW Hickory, NC 28601 (P) 828-695-5900 Morganton Office 301 E Meeting Street Morganton, NC 28655 (P) 828-398-4147

SERVICE REFERRAL

Client Na	ime			
	Last	First	MI	DOB
Client Add	dress			
	Street Address	City	Zip	State
Phone	#	Social Security #		
		Della II		
Insuran		Policy #		
Name				
Service Recommendation				
** Please Note: This form does not guarantee program vacancy and additional information may be				
required for program admission.				
Individual Therapy (offered in Catawba office only)				
If patient wants therapy only and has no insurance or PBHM Medicaid, please do not complete this				
form but call Partners Behavioral Health Management (PBHM) at 1-888-235-4673 to schedule.				
Medication Management				
Fourthease was supposed and four one sific information. An other suffernal forms were be nonvined				
For these programs, please call for specific information. Another referral form may be required.				
D	rimary Care	829	3-695-5900	
Assertive Community Treatment Team			3-695-2201	
	Psychosocial Rehabilitation		3-466-0030	
	ife Skill Services		3-695-2150	
			8-695-2150	
	esidential Services (Intellectual I isabilities	bevelopmentai 82	0-032-2120	
		th) 930	3-465-6130	
R	esidential Services (Mental Heal	828	5-402-0130	

Please Fax this form along with patient notes to 828-695-4256.

Where Hope and Help Meet www.cvbh.org