



SERVICE REFERRAL

Client Name				
	Last	First	MI	DOB
Client Address				
	Street Address	City	State	Zip
Phone #		Social Security #		
Insurance Name		Policy #		

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)
- Psychiatric Medication Management
- Primary Care (offered in Catawba office only)

For these programs, please call for specific information. Another referral form may be required.

Assertive Community Treatment Team.....(828) 695-2201
 Psychosocial Rehabilitation.....(828) 466-0030
 Life Skill Services.....(828) 695-2150
 Residential Services (Intellectual Developmental Disabilities).....(828) 695-2150
 Residential Services (Mental Health).....(828) 465-6130

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

(828) 695-5900

327 1st Ave NW
Hickory, NC 28601

(828) 624-1900

301 E Meeting Street
Morganton, NC 28655

www.cvhnc.org