Advantage
BEHAVIORAL HEALTHCARE, INC

Referral Form

Date: _____

Referring Provider Office Name: _____ **Contact Person:** _____

Referring Provider Name: _____ **NPI:** _____

Phone #: _____ **Fax#:** _____

Reason for referral: _____

Client Information: **MR#:** _____

Last: _____ **First:** _____ **MI:** _____ **DOB:** _____

SSN: _____-_____-_____ **Address:** _____

Phone #: Home: _____ **Cell:** _____ **Work:** _____

Parent/ Legal Guardian Name: _____ **Phone#:** _____

DSS Caseworker Name: _____ **Phone#:** _____

DJJ/ Probation Officer: _____ **Phone#:** _____

Previous Mental Health Providers: _____ **Phone#:** _____

Allergies: _____

Medication List: _____

Please fill out completely and send a legible copy of Insurance card:

Primary Ins: _____ **Group #:** _____ **Phone #:** _____

Subscriber's Name: _____ **DOB:** _____

Subscriber's ID: _____ **SSN:** _____

Secondary Ins: _____ **Group #:** _____ **Phone #:** _____

Subscriber's Name: _____ **DOB:** _____

Subscriber's ID: _____ **SSN:** _____

Office Use Only:

Appt Scheduled for: _____ **@** _____ **am / pm with** _____

NOT SCHEDULED FOR THE FOLLOWING REASONS: ( ) Unable to Contact ( ) Declined Services

732 Davis Avenue
Whiteville, NC 28472
P#: 910-640-1038
F#: 910-640-1465

1600 East 5th Street
Lumberton, NC 28358
P#: 910-738-3571
F#: 910-738-6148

609 Harry West Lane Ext.
Pembroke, NC 28372
P#: 910-521-7288
F#: 910-521-7287

405 Biggs Street
Laurinburg, NC 2352
P#: 910-610-4444
F#: 910-610-4434