Hope Services, LLC
Empowering people to live successful, productive lives

3000 Highwoods Blvd. Suite 310
Raleigh, NC 27604

(919) 714-7500 ext 1101 **Fax (919) 714-7513**

IF CLIENT IS IN ENHANCED SERVICES AT THE TIME OF THIS REFERRAL THIS FORM MUST BE ACCOMANIED BY THE CURRENT PCP

Referral Form

Service(s) Requested: Assessment ☐ OPT ☐ Intensive In Home ☐ Psychiatric Services ☐
***Ray Of Hope** Day Treatment (Raleigh) ☐ ***Light Of Hope** Day Treatment (Johnston Co.)☐ DBT Group ☐ Other
**** Referrals cannot be processed without a valid email address and phone number**

Primary Language of Client: **Primary Language of Family**:

Date _____ Universal ID#

Name: First_____ MI:_____ Last:

DOB: _____ Sex: _____ Race:_____ SSN: _____ Email Address:

Insurance: Primary:_____ Policy#_____ Member Code:

Secondary:_____ Policy#

Insurance: Subscriber Name if other than Patient: _____Insurance: Subscriber DOB:

☐ **NA** Guardian:_____ Address:_____ Relation to Individual:_____ Hm **Phone:
Cell:_____ **Email:

Client Address:

City:_____ State:_____ Zip:_____ County:

Referral Source:_____ Phone:

Name of Person Referring:

Primary Care Provider/Doctor: _____ Phone:

☐ **NA** School:_____ Grade:_____ IEP: Yes ☐ No ☐ **Developmental Delays:**

☐ **NA** Employment _____Other Professionals involved: Title/Name/Phone/DJJ:

Previous Mental Health Hx/Trauma Hx:_____ Diagnosis: _____

Substance abuse/use: _____ IQ/Level of functioning: _____
Presenting Problem: _____

Legal Involvement _____

Orig, 2004 Revised: 8/20/14

Does consumer require assistive technology and if so what are those needs _____

*__Ray of Hope__ is located at 2900 Kidd Rd. Raleigh, NC 27610

***Light of Hope** is located at 1329 N Brightleaf Blvd. Building D Smithfield, NC 27577