



<b>UNCG PSYCHOLOGY CLINIC Referral For Services</b>		
<b>CLIENT INFORMATION</b>		
<b>Client Name:</b>		<b>Nickname:</b>
<b>Age:</b>	<b>Date of birth:</b>	<b>Gender/Pronouns:</b>
<b>Street Address:</b>		
<b>City:</b>		<b>Zip code:</b>
<b>Preferred Phone:</b>		<b>OK to leave message? YES [ ] NO [ ]</b>
<b>Email address:</b>		<b>Primary Language(s):</b>
		<b>Interpreter needed? YES [ ] NO [ ]</b>
<b>Preferred method of contact?</b>		<b>Best days/times to contact?</b>
<b>Does Client have Medicaid: Direct, Trillium, or HealthyBlue? YES [ ] NO [ ] DON'T KNOW [ ]</b>		<b>Does Client have any other insurance? YES [ ] NO [ ]</b>
<b>Is the Client currently affiliated with UNCG? Student [ ] Faculty/Staff [ ] NO [ ]</b>		<b>Does the Client want to apply for financial assistance? YES [ ] NO [ ]</b> # of dependents: _____ Total household income: _____
<b>Service Requested: Therapy [ ] Testing [ ] Other [ ]</b>		
(Details):		
<b>Completed by:</b>		<b>Informant:</b>
		<b>Date:</b>
<b>PARENT/GUARDIAN INFORMATION</b>		
<b>Name of guardian:</b>		
<b>Relation to client (e.g., mom, dad, aunt, etc.):</b>		
<b>Notes:</b>		
<b>REFERRAL SOURCE INFORMATION</b>		
<b>Agency Name:</b>		<b>Contact Person:</b>
<b>Phone:</b>		<b>Fax:</b>

Please fax this referral form along with a **signed Release and Disclosure Form** to the UNCG Psychology Clinic at 336-334-5754. Clinic staff will then contact this potential client to schedule an intake interview and gather any additional information.

You may also share referral information by contacting us by phone at 336-334-5662 or submitting a client interest form on our website at <https://psy.uncg.edu/clinic/get-started-now/>

**Thank you for considering our clinic for your clients' needs!**

Updated 9/26/24