



MILESTONES HEALTHCARE SERVICES

3505 North Roxboro Road Ste 100-A
Durham NC 27704

PHONE: 919-939-3793

FAX: 919-882-0959

MILESTONES HEALTHCARE SERVICES, LLC PRE- ADMISSION AND REFERRAL FORM

Date of Referral _____ Facility: MileStones Healthcare Services

I. Source of Referral: check one

- Mental Health Agency _____
- Hospital _____
- DSS _____
- Other (specify) _____

Person making referral _____ Phone _____

II. (a) Reason for Referral: check all that apply

- | | |
|---|---------------------------------------|
| _____ Academic/developmental delays | _____ Homeless |
| _____ Behavior problems | _____ Monitoring for Substance Abuse |
| _____ Emotional problems | _____ Monitoring for Mental Health |
| _____ Physical aggression | _____ Physical problems |
| _____ Psychometric | _____ Physical abuse |
| _____ Runaway | _____ Truancy |
| _____ Sexual abuse (victim/perpetrator) | _____ Self-Abusive |
| _____ Suicidal | _____ Substance Abuse (Drugs/Alcohol) |

_____Verbally aggressive

_____Withdrawn

Please check Service Category:

Day Supports (_____) Supported Employment (_____) Community Supports (_____) Transitional Supports (_____) Peer Supports (_____) Other (_____)

III. Personal Information:

Client name _____

Address _____

City _____ State _____ Zip _____

Phone Number (daytime) _____ (evening) _____

Emergency contact: Name: _____

Address _____ Zip _____ County _____

Phone number (daytime) _____ (evening) _____