



COUNTIES OF SERVICE

CABARRUS CLEVELAND GASTON LINCOLN MECKLENBURG RUTHERFORD STANLY UNION

REFERRAL GUIDELINES

- Is the patient 55 years of age or older?
- Do they have one, two, or more medical conditions?
- Can the patient live safely at home or in the community with supportive services?

REFERRAL INFORMATION

Date of Referral: _____

Name: _____ **DOB:** _____ **Gender:** M or F

Address: _____ **Phone Number:** _____

Family/Caregiver Name/Relationship: _____

Caregiver Phone/Contact: _____

Additional Comments: _____

REFERRAL SOURCE INFORMATION

Person Making Referral/Organization: _____

Phone: _____ **Email:** _____

****PLEASE CALL OR FAX OUR INTAKE DEPARTMENT****
PHONE: 980-308-0858 • FAX: 704-834-1998