



License/Semi-Independent Facility

-Intake Process-

Date Scheduled: _____

With this form, please bring the following:

- Copy of Discharge Summary if coming from Hospitals, Shelters, Assisted Programs, or other Group Homes/Adult Day Programs.
- Copy of Discharge Summary if recently discharged from a Psychiatric Facility
- Prison Records: Medical and Discharge
- Copy of Current Psychiatric Assessment
- Copy of Medical/Nursing Assessment
- Copy of current Clinical Comprehensive Assessment
- Date of next scheduled appointments with the Psychiatrist
- Physician's order for PSR/Community Support
- History of Past Psychiatric Hospitalization(s)
- Results of a TB skin test within one year
- Copy of Social History
- Current List of Medications – along Copy of MAR if came from a facility
- Copy of current Medicaid/Medicare Card
- Any alternative insurance plan
- Documentation of a Court Appointed Guardian
- POA? Need Copy of Power of Attorney information. Also need contact information
- Copy of a valid North Carolina I.D and social security card
- Copy of current Treatment Plan
- Provider names and contact numbers this includes Psychiatrist, Therapist, Case Manager, and Primary Doctors
- Family Contact information

Date: _____ Completed by: _____ Spoke with: _____

Full Name _____ Age _____

DOB _____ SSN _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Payee _____

Home _____ Cell _____ Work _____

Referred By _____ Office _____ Fax _____

MD visit in last (6) months? YES NO Provider: _____

Therapy in last (6) months? YES NO Provider: _____

Incarceration in last (6) months? YES NO Provider: _____

Medications (state the MD who prescribed medications)
