



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL
DEPARTMENT OF PSYCHIATRY

UNC STEP – Wake Clinic
3010 Falstaff Rd., Raleigh, NC 27610
Phone: 919-445-0350
Fax: 919-445-0405

Re: Medical records for **Patient Name:** _____ **DOB:** _____

To Whom It May Concern:

The above-named individual is seeking services at the UNC Wake STEP Community Clinic. In order for us to consider the referral, we must have medical records from your office as the individual has/is receiving services from your agency.

The signed release of information should accompany this form, allowing you to send the records directly to us.

If possible, please fax psychiatric assessment(s), H&P, progress notes, medication list, labs (last 3 months, if applicable), and discharge summary (if applicable) from the last 3 years to 919-445-0405. If you are unable to fax them or if they exceed 50 pages, please send them to us at the following address: 3010 Falstaff Rd., Raleigh, NC 27610.

Please feel free to call our office with any questions or for clarification at 919-445-0350. Please respond **within 30 days** of request and thank you for your swift attention, as this will allow us to process the referral for services and/or improve continuity of care.

Sincerely,

The Team at the UNC STEP Community Clinic – Wake Offices
Phone: 919-445-0350
Fax: 919-445-0405