



UNC REACH Enhanced Primary Care
401 E. Whitaker Mill Rd. ~ Suite 2100
Raleigh, NC 27608
Phone-984-974-4832, Fax-984-974-4920
lalakia@email.unc.edu (Email Referrals)

Date Referral Received/Staff Initials _____ Date Scanned Into EPIC/Staff Initials _____ Appt Date/Time _____

Patient Demographics

Patient Name _____ Pronouns _____ Date of Birth _____

Patient Address _____

Phone Number(s) _____

Social Security Number _____ - _____ - _____

Health Insurance and ID #s 1. _____ 2. _____

Legal Guardian (if Minor/Incompetent Adult) _____ Phone Number _____

Guardianship documents MUST BE included with referral to schedule an appointment

Physical Health History

Principal Medical Problems/Diagnoses

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Current Medications for Medical Problems/Diagnoses

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Current Primary Care Provider _____ Phone Number _____

Reason for change from current provider _____



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Behavioral Health History

Behavioral Health and Substance Use Issues/Diagnoses

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Current Medications for Behavioral Health and Substance Use Issues/Diagnoses

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Current Behavioral Health Provider _____

Phone Number _____

Dates Last Seen by Behavioral Health Provider 1. _____ 2. _____

Behavioral Health/Substance Use hospitalizations in past year? Yes No

Current Medication Management Agency/Prescriber Name _____

Phone Number _____

Referral Source/Agency _____

Contact Name _____ Email _____

Phone Number _____ Fax Number _____

Any additional information to help us serve this patient safely and effectively?

Examples: low literacy, needs interpreter, history of abuse towards healthcare providers, does not manage own appointment schedule, etc.

Referral for FIT (Formerly Incarcerated Transition) Program