

# UNC STEP Community Clinic – Wake New Patient Referral/Application Form

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The UNC STEP Clinic is a specialty Clinic serving Wake County adult residents diagnosed with Schizophrenia, Schizoaffective Disorder and Bipolar Disorders only.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/State Zip code

County of Residence: \_\_\_\_\_ (only Wake Cty Residents accepted)

Is the address listed above and Group Home/Assisted Living, etc.? YES NO

If yes, provide best contact information for the facility: \_\_\_\_\_

Patient PH number(s): Mobile # \_\_\_\_\_ Home/other: # \_\_\_\_\_

Other person number: # \_\_\_\_\_ Person/Relationship: \_\_\_\_\_

Does the patient have a LEGAL guardian? YES NO  
Legal guardians, whether related or not must have been appointed by the court.  
If yes, the STEP Clinic requires the submission of the  
“Letters of Guardianship” Documents.  
Legal Guardian Name & Ph#: \_\_\_\_\_ Ph#: \_\_\_\_\_

Family/Other Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_  
Name & relationship

Patient's Behavioral Health Diagnosis: \_\_\_\_\_

Current/Most recent Behavioral Health Provider: \_\_\_\_\_

Contact information: Phone number, Fax number Address if known.

The STEP Clinic requires patient's records from Current/Most Recent Behavioral Health providers before acceptance to the program.  
Patients are responsible for requesting those records.  
**Please ask providers to fax records to the STEP Clinic at 984-974-9646**

# of past hospitalizations: \_\_\_\_ When was your last hospitalization? \_\_\_\_\_

Location of your most recent hospitalization: \_\_\_\_\_  
Name and address of hospital

Please complete **both** sides as completely as possible and return to: UNC STEP Clinic, 401 East Whitaker Mill Road, Raleigh, NC 27608 or fax 984-974-9646

**Insurance:** Do you currently have:

Medicaid? YES NO, if yes: Medicaid ID#: \_\_\_\_\_

Medicare/Medicare advantage plan? YES NO

If yes: Type & ID#: \_\_\_\_\_

Do you currently other have insurance? YES NO

If yes: Insurance Name & ID#: \_\_\_\_\_

What is your employment status? (Please circle answer)

Employed-fulltime    Employed-part time    Unemployed    Retired    Disabled

If employed, please provide employer name: \_\_\_\_\_

If retired, retirement date: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If married, is your spouse: (please circle answer)

Employed-fulltime    Employed-part time    Unemployed    Retired    Disabled

If spouse employed, please provide employer name: \_\_\_\_\_

If retired, retirement date: \_\_\_\_\_

What is your: Gender: \_\_\_\_\_ Race: \_\_\_\_\_

(Please note if you choose not to answer)

Preferred Language: \_\_\_\_\_ Do you need an interpreter? YES NO

UNC STEP Clinic will do our best to accommodate requests for interpreters. Some interpreters may be virtual.

What are your current Medications & Dosage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current/past Drug/Alcohol use? YES NO (Describe) \_\_\_\_\_

Current/past legal problems? YES NO (Describe) \_\_\_\_\_

History of Intellectual/Developmental Disabilities? (Describe) \_\_\_\_\_

Current Primary Care Provider

Physician Name, Clinic Name, Address, Phone & Fax number

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