



# UNC SCHOOL OF MEDICINE

UNC Wake Encompass  
Department of Psychiatry  
401 E. Whitaker Mill Rd.  
Raleigh, NC 27608  
(919) 445-0401 main  
(919) 445-0835 fax

Date of referral: \_\_\_\_\_

## Internal Referral

Please provide us with some basic information to begin the referral process. Once received, our referral specialist will be in contact with you within 72 business hours to conduct an in-depth pre-screening via telephone to determine the client's appropriateness for our program. This form can be faxed to UNC Wake Encompass at (919) 445-0835, attention: "Referrals."

### Inclusion Criteria

- Individuals between ages 15-30 at assessment
- First episode of psychosis was within the last 3 years
- No previous diagnosis of Pervasive Developmental Disorder (i.e. Autism Spectrum Disorder)
- No previous diagnosis of Intellectual Developmental Disability (i.e. assessment IQ of lower than 70)
- Substance Use Disorder is not primary diagnosis
- Psychosis was not solely substance-induced
- Must live in Wake, Johnston, Cumberland, Durham, Vance, Franklin, and Granville counties

Name: \_\_\_\_\_ MRN#: \_\_\_\_\_

County of residence: \_\_\_\_\_ Phone: (home/cell) \_\_\_\_\_

Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home/cell) \_\_\_\_\_ (work) \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Onset of Psychosis: \_\_\_\_\_

### Referral Source Information

Clinic/Facility Name: \_\_\_\_\_ Form Completed By: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**For Wake Encompass Use Only:** Date Received: \_\_\_\_\_