



SCHOOL OF MEDICINE  
Psychiatry

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: \_\_\_\_\_

**Self or Family Referral**

We understand that this is likely a stressful time for you or for your loved one. Please provide us with some basic contact information and our referral specialist will be in contact with you within 72 business hours to conduct an in-depth pre-screening via telephone to determine your appropriateness for our program. This form can be faxed to UNC Wake Encompass at (919) 445-0835, attention: "Referrals."

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

(Must live in Wake, Johnston, Cumberland, Durham, Vance, Franklin, and Granville counties)

Insurance:

\_\_\_\_\_

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

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

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

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

First Onset of Psychosis:

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