

# Sandhills Best Care

[info@sandhillsCares.com](mailto:info@sandhillsCares.com) ~ ph: 910-562-9882. ~ fax: 910-562-9955

## Referring Provider Form

Provider Name: \_\_\_\_\_ Clinic: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Website URL: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Guardians Name and relationship (if minor): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ Ok to leave message \_\_\_ Yes \_\_\_ No  
Address; \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Medications: \_\_\_\_\_  
\_\_\_\_\_

Substance Abuse History: \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_  
\_\_\_\_\_