



Eagle Healthcare Services
(PSR)
1500 Garner Rd
Raleigh, NC 27610
Phone Number (919) 896-6938
Fax Number (919) 872-7456

EAGLE PSR REFERRAL FORM (Date: _____)

Client Name: _____ DOB: _____ SS#: _____

Medicaid: _____ County of Medicaid: _____

WCHS MR#: _____ Client's Phone #: _____

Consumer's address: _____

Client's Guardian: _____ Guardian Contact: _____

Does the client live in a group home Y: _____ N: _____

Group Home Name: _____ Group Home Contact: _____

Reason for referral/Other information you'd like us to know:

Please check any areas of skill development that would apply:

- ___ Social Skills, Relational Skills, Adaptation Skills
- ___ Communication Skills
- ___ Conflict Resolution Skills, Anger Management, other Behavior Management
- ___ Independent Living Skills and/or Functional Skills
- ___ Daily and/or Community Living Skills
- ___ Self-advocacy
- ___ Parenting Skills
- ___ Coping Skills/Symptom Management
- ___ Other:

Date of last clinical/diagnostic assessment that provides all 5 axis with justification for diagnosis: _____

Name of person/agency submitting referral: _____

Relationship to consumer: _____

Contact # for person submitting referral: _____

- ****Please include with referral form:
- diagnostic or clinical assessment providing diagnosis and recommendation for PSR (If either of these is not included, the client must first be scheduled for intake with one of our licensed clinicians and psychiatrist.)
 - service plan, PCP, goals currently being worked on and persons working with the consumer (i.e.; group home, psychiatrist)
 - signed consent release of information