

Main Office
 112 W. Fourth Avenue
 Red Springs, NC 28377
 Phone: (910) 802-2008
 Fax: (888) 800-5922
 Website: www.yourbrightlight.org



Bright Light Residential
 18 Logan Road
 Castle Hayne, NC 28429
 Phone: (910) 623-1721
 Email: info@yourbrightlight.org

REFERRAL FORM

Date of Referral: _____ Requested Type of Services: Outpatient Counseling Residential

Client Information			
Salutation	First Name	Middle Initial	Last Name
Age	DOB	Social Security Number	
Gender	Race/Ethnicity	Primary Phone & Email	
Street Address			
City	State	Zip Code	County
Current Employer/School		Highest Level of Education	
Referral Source	Relationship/Agency	Phone Number	
Insurance Information			
Insurance Name	Policy ID	Group Number	
Effective Date & End Date	Insured Name (if different)	Insured's Relationship to Client:	
Parent/Legal Guardian Information *(Children Only)			
Parent/Guardian Name	Relationship	Phone Number	
Parent/Guardian Name	Relationship	Phone Number	
Clinical Information			
Primary reason for referral		Diagnosis	
Current and Past Services			
Additional Information you feel may be important to us			
Does the client require any accommodation for a disability?		If so, what:	
Pre-authorization required?	Deductible?	Date of verification:	