Stephens Outreach Center, Inc.

2105 B Elizabethtown Rd.
Lumberton, NC 28358
Phone: (910) 738-7865
Fax: (910) 738 7876

13104 NC Hwy 130 E
Fairmont, NC 28340
Phone: (910) 535-4123
Fax: (910) 535-4199

105 E Railroad St
Laurinburg, NC 28352
Phone: (910) 506-4584
Fax: (910) 506-2079

Referral Form

Name:	DOB:	Insurance:
Physical Address:		
Race:	Sex:	Gender:
Ethnicity:	SSN#:	Primary Language:
Primary Care Physician:		
Pharmacy:		
Clinical Home:		
Phone Number:	Email Address:	
Emergency Contact:		
Reason for Referral:		
Service(s) Requested: ☐ TMS ☐ PSS ☐OPT ☐MAT ☐M M ☐IIH ☐ TCM ☐ CMA ☐ CST ☐ Other: _____		
Date of Discharge from Current Service(s) and Type of Services Receiving:		
Services Client will Continue to Receive with Clinical Home:		
Referral Source Information: Contact Name: Relationship:	Telephone: Fax:	

*please provide any additional supporting documents that can help expiated the process.