Sunpath LLC

Your Community Pathway to Brighter Futures...

Referral Form

Use this form to refer a client to Sunpath, LLC for behavioral health services. Please complete all sections and provide accurate contact and clinical information to ensure timely follow-up.

Referring Party

Full Name: _____
Position/Job Title: _____
Organization/Agency: _____
Relationship to Client: _____
Address: _____
Phone Number: _____
Email: _____

Client Information

Full Name: _____
If Minor, Parent/Guardian Name(s): _____
Date of Birth (MM/DD/YYYY): _____
Gender: _____
Address: _____
Phone: _____
Email (if available): _____

Insurance and Funding

Insurance Provider: _____
Member/Policy Number (if available) to verify coverage: _____
Responsible Party (if different from client): _____
Self-pay (Yes/No): _____

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Reason for Referral

Note: The service(s) selected below are for referral purposes only. Final recommendations and treatment planning will be determined following a comprehensive clinical assessment.

Presenting Concern(s):

Type of Service Requested (Check all that apply):

□ Mental Health Assessment
□ Substance Use Assessment
□ Individual Therapy
□ Group Therapy
□ Anger Management
□ Domestic Violence (Perpetrator)
□ Intensive Outpatient (SAIOP/SACOT)
□ Other: _____

Additional Information

Note: Supporting documents may be submitted separately via fax (704-973-9287), email (referral@sunpathllc.com), or in person at our office (415 West Main Ave., Gastonia, NC 28052).

Relevant history (substance use, legal involvement, school/work issues, medical concerns):

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Urgency of Referral (Check one):
□ Routine
□ Urgent
□ Court-ordered
□ Other: _____

Consent & Authorization
□ I confirm that the information provided is accurate and I have authorization to submit this referral.

Signature: **Date of Referral:**