



EPIC Behavioral Healthcare
 PH: 904.829.2273 F: 904.824.0724

Please email to referral@epicbh.org

REFERRAL FORM

Client Name	Date of Referral
Date of Birth	County of Residence
Primary Phone #	
Primary Caregiver (client under 18)	
Caregiver Primary Phone #	Caregiver Email:
Referral Agency	Referring Contact
Contact Phone #	Contact Email

Reason for Referral/Presenting Problem:

Is the person referred a current client of EPIC Yes No
 If yes, list current program involvement

Services Requested

Preferred Campus EPIC Recovery Center Central Campus North Campus NW Campus

Services are Voluntary Required Court-Ordered

Mental Health Evaluation
 Outpatient Mental Health Counseling
 Psychiatric Services
 Youth Mental Health Case Management
 School-Based Mental Health Counseling
 Big Brothers Big Sisters Program
Prevention
 Think! for Success (Substance Use Prevention)
 Active Parenting Education Classes
 Anger Management Classes

Substance Use Evaluation
 Outpatient Substance Use Counseling
 Detoxification Services
 Residential Services
 Jail Based EPIC Transition (JET) Program
 SIGHT Program (In-Jail SUD)
 Family Intensive Treatment (FIT) Team
 Family Intervention Specialist (FIS) Evaluation
 Medication Assisted Recovery Services Clinic
 Recovery Peer Support Services

Release of Information Form Attached Yes No (Must be sent to receive information)