Nexus Care OF BEAUFORT COUNTY

Healthy People. Thriving Communities. Brighter Futures.

REFERRAL FORM

Name: _____ Date: ____/_____/_____

Service Location: □ Beaufort □ Bluffton/ Hilton Head Island

SS#: _____-_____-_____ DOB ___/____/____ Age _____ Preferred Gender: _____

Phone: Cell (_____) _____-_____ Phone: Work (_____) _____-_____

Email _____@ _____ .com

Physical Address: _____ OK to send Mail ___Y ___N

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____

Phone: (_____) _____

Bring your Identification and insurance card to the Appointment.

Please Circle your answer:

Do You Have Medicaid: Yes / No Medicaid # _____

Other Insurance _____ or No Insurance

Please Bring proof of Income if you would like to apply for Financial Assistance

REFERRED BY

Name_____Date___/____/___

Phone: (_____) _____-_____ Release of Information Signed ____Y ____N or NA_____

Email _____@ _____ .com

Reason: _____

_____

_____

PLEASE FILL OUT THE BACK OF THIS PAGE

Nexus Care
OF BEAUFORT COUNTY
Healthy People. Thriving Communities. Brighter Futures.

SCREENING QUESTIONS

Do You Use (circle One) Tobacco or Vapе Status Never Former Current

What Alcohol and /or Drugs do you use? _____

When was your last use? _____ How Much? _____

Since your last use (or when not using), **HAVE YOU HAD:**
PLEASE CHECK ALL THAT APPLY

_____ Difficulty Sleeping _____ Shaking _____ Nausea/vomiting

-------- Diarrhea -------- Racing Heart _____ Increased Appetite

_____Mood Swings _____ Sweating _____ Fatigue (Very Tired)

Physical Address: _____City _____ Zip code_____

Mailing Address: _____City _____ Zip code_____

Marital Status _____ Race _____Ethnicity_____

If You are a Female, Are you Currently pregnant ____Yes ____No

Have you served in the military? _____

How Many in the household _____ How Many under 18 years _____

Highest Level of Education _____

Employment Status: Circle One Full-Time Part-Time Disabled Unemployed

Occupation _____ Annual Salary: $_____

Please Email to: bcadadreferral@bcgov.net