



**Forsyth County**  
**STEPPING UP**  
I N I T I A T I V E

**Stepping Up Referral Form**

Referral Date: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

Name of Referring Clinician/Staff: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**Client/Patient Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: **M** or **F** Gender Identity: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance: \_\_\_\_\_ Insurance/Medicaid #: \_\_\_\_\_

Does the client/patient have any involvement with the criminal justice system? **Yes** or **No**

Is the client/patient on probation: **Yes** or **No**

Please send referral form to the attention of **Amber Humble** at **336-748-3912** (fax) or by encrypted e-mail to [humbleal@forsyth.cc](mailto:humbleal@forsyth.cc). Contact number is 336-703-2606.