



1875 Remount Road Gastonia, NC 28054 • Phone: (704) 874 - 0600 • Fax: (704) 834 - 1998

REFERRAL GUIDELINES

- Is your patient 55 years of age or older?
- Do they meet, or potentially meet skilled nursing level of care?
- Can your patient live safely in the community with support services?

REFERRAL INFORMATION

Date of Referral: _____

Name: _____ DOB: _____ Gender: M F

Address: _____ Phone Number: _____

Family or Caregiver Name/Relationship/Phone: _____
Home: _____ Cell: _____

Additional Comments:

REFERRAL SOURCE INFORMATION

Person Making the Referral/Organization: _____

Phone: _____ Email: _____

****Please Call or Fax our Intake Department****
Fax: (704) 834 - 1998 Phone: (704) 874 - 5374