



*Lucy Daniels*  
**Center for Early Childhood**  
 Helping children live emotionally healthy lives

**SecurePath**

Please note that this form is specifically for professionals requesting **SecurePath** services on behalf of a family.  
 If you are seeking services through our **Family Guidance Service** for your child, please use the Family Guidance Service **Request for Consultation** form.

**PLEASE COMPLETE AND FAX TO 919.677.1489**

Referring Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Staff Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Parent/ Guardian Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell/Other: \_\_\_\_\_  
 Childcare/Preschool Name and Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance: (None, Medicaid, HealthChoice, private): \_\_\_\_\_  
 Has the child been referred and/or evaluated for Early Intervention Services? If so,  
 dates and locations: \_\_\_\_\_

Current Concerns or Symptoms (please be as specific as possible):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Do the parents share the concern and have an interest in an intensive mental health service such as SecurePath? \_\_\_\_\_