



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

PLEASE COMPLETE AND FAX TO 919.677.1489

Referring Agency: _____

Staff Name: _____

Phone: _____ Today's Date: _____

Child's Name: _____ DOB: _____

Parent/Guardian Name and Address: _____

Phone(s): _____

Language: English Spanish

Insurance: None Medicaid HealthChoice

Current Concerns/Symptoms:

Do parents share the concern and have interest in an intensive mental health service such as SecurePath? _____