CCGC
COMMUNITY CHILD GUIDANCE CLINIC

North Star IOP
1075 Tolland Turnpike
Manchester, CT 06042

Tel: (860) 432-9229
Fax: (860) 432-8333

North Star IOP Referral Form

Date	Referred By	Telephone Number	Fax or Email Address

Client Name:	Date of Birth	Grade:	School:

Parent / Guardian Names	Primary Phone Number	Secondary Phone Number
# 1		
# 2		

Address	Insurance Company	Insurance ID

Current Medications	Diagnosis	Previous Treatment

Presenting Problem

Other Important Information

Updated 9/1/2020

North Star IOP Referral Form *(continued)*

Manchester Board of Education currently provides transportation to the program for Manchester students. Caregivers responsible for pick up. All other school districts parents are typically responsible for pick up and drop off. Program runs from 2:00pm – 5:00pm during the school year and 10:00am – 1:00pm during the summer.

"I understand that my signature gives the referring agency/person permission to share the above information with North Star IOP and that this information will be used to determine eligibility for that program."

Parent/Guardian Signature: _____ Date: _____

**** Parent/guardian approval is required for submission/acceptance of referral.***

If unable to obtain signature or submitting referral electronically please be sure to keep all protected health information (PHI) secure according to HIPPA regulations:

☐ As the referring person/agent I have reviewed this referral with the parent/guardian and I have their permission to submit this referral for the North Star IOP Program.

Please fax or email referrals to Anisa S. Cole, LCSW at 860-643-2101 or acole@ccgcinc.org