

Community Capacity Restoration

Atrium Health – Behavioral Health Charlotte

501 Billingsley Road, Charlotte, NC 28211

Email referral to: caprestorationprogramreferral@atriumhealth.org

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Referral Form

Date of Referral:		
Defense Attorney:	Phone #:	
Defense Email:		
Prosecuting Attorney:	Phone#:	
Prosecutor Email:		
Judge/Court:	Phone#:	
Email:		
Patient Name:	Phone #:	
Date of Birth:	Age:	Court File #
Patient Address:		
Emergency Contact:	Relationship:	Phone #:
Required Court Documents to Accompany this Referral:		
<ul style="list-style-type: none">• Conditions of Release and Release Order with Referral to Community Capacity Restoration• Evaluation declaring ITP and court order finding incapacity		
Supporting documentation:		
<ul style="list-style-type: none">• Medical Records• MCSO/NC DOC Records• Discovery/Charging Document		
Known medical/behavioral health history:		
Current or past medications:		
DSM 5 Diagnosis		
1.	3.	
2.	4.	
Please list all services the patient is currently receiving, including out of home placement, payee ship etc.		
Service		Provider
Internal Office Use Only		
Disposition:		
Program staff Signature/Credential:	Date:	Time: