



BRIDGE COUNSELING REFERRAL

Attention: Bridge Counselor
Emmaleigh Argonauta (she/her)
Phone: 828-772-4719 Fax: 828-398-2734

- 1) Patient Last Name: _____ First Name: _____
- 2) Date of Birth: ____/____/____ 3) Gender Pronouns: _____
- 4) Gender Identity (please circle one below):
Male / Female / Transgender Male / Transgender Female / Queer / Decline / Other: _____

CONTACT INFORMATION:

Has the patient been notified that a Bridge Counselor will be contacting them? (Yes or No)

(Bridge Counselor unable to contact patient without consent; if answer is NO please have patient call 828-772-4719)

- 1) Address: _____ Apt/Suite/Lot _____
City: _____ State: _____ Zip Code: _____
- 2) Primary Phone: _____ Is this a **Landline** or **Cell?** (circle one)
Ok to leave Voicemail (circle one)? **YES** or **NO** OK to text message (circle one)? **YES** or **NO**
Secondary Phone: _____ Is this a **Landline** or **Cell?** (circle one)
Ok to leave Voicemail (circle one)? **YES** or **NO** OK to text message (circle one)? **YES** or **NO**

Additional Information about the Contact information listed above (*i.e. this is friend, relative's, or agency's phone/address, best time to contact patient, are there any privacy concerns to be aware of, etc.*)?

DIAGNOSIS INFORMATION: Date and place of Hep C diagnosis: _____

Additional information regarding diagnostic, treatment, and patient needs:

Does the patient have a primary care provider?

Does the patient have insurance?

Yes, Practice: _____ No

Yes, Type: _____ No

Barriers to Hep C Education and Treatment

____ Transportation issues ____ English as second language ____ Literacy concerns
____ Current/past/suspected substance use ____ Cognitive limitations ____ Other: _____

Has Patient Received Hepatitis A/ B vaccination: Y N Twinrix: Unknown:

Referred by: _____ Agency: _____ Date: _____

Email: _____ Phone: _____

For questions or referral by phone please contact the Bridge Counselor by calling 828-772-4719