



Autumn Healthcare of Illinois

9449 S. Kedzie STE 142

Evergreen, IL 60805

Tel: (773) 420-3481

Autumn Healthcare of Illinois Health Care Coordination Form

Dear Dr. _____,

In order to coordinate care, I wish to inform you that your patient

was referred to me for treatment on ____/____/_____.

Outpatient care is being delivered and the treatment plan consists of the following modalities:

____ Individual Psychotherapy

____ Group Therapy

Medications are being managed by:

Doctor of Record

Medications and Dosages:

See Geriatric Assessment

If you need any additional information, please contact Pamela Brazelton Sykes at 773-420-3481.