



Autumn Healthcare of Illinois

4710 Lincoln Highway
Matteson, IL 60443 SU321
Tel: (708) 283-1888

Mental Health Services Physician Referral Form

Please use this form to request services from Autumn Healthcare of Illinois

Autumn Healthcare of Illinois offers psychotherapy to seniors in various settings. As a Medicare provider, we require a physician referral form to be completed for our records. If an individual or resident does not have a primary care physician, an appointment with an AHC physician can be scheduled.

Date of Referral _____

Client/Resident Name _____ **Facility** _____

Patient DOB: _____ **Medicare/Medicaid/Insurance/#** _____

Reason for referral:

FOR COMPLETION BY REFERRING PHYSICIAN

I wish to refer my patient to Autumn Healthcare of IL for the treatment option indicated below:

Referring doctor _____ **UPIN#** _____

Address _____ **City** _____

Telephone/Fax _____

- Assessment**
- Individual Therapy**
- Behavioral Therapy**

Please identify any medical Diagnosis:

_____ **with no restrictions**

_____ **with restrictions as noted**

Comments: _____

Physician Signature: _____

Date: _____