9449 S. Kedzie STE 142
Everygreen Park, IL 60805
Tel: (773) 420-3481

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:

____
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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:____
____
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____
____

Physician Signature:____ **Date:**________________

FAX COMPLETED FORM TO 773-420-3597