



Autumn Healthcare of Illinois

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

Autumn Healthcare of Illinois Intake Forms

Enclosed are the following forms needed for referral:

- Physician Referral -requires physician signature
- Coordination of Care- to be given to the physician for his records
- Consent for Treatment – requires signature
- Release of Information – requires signature
- Notice of Privacy Practices – requires signature

Please note on the Physician Referral “Reason for Referral” additional comments may be added to further document the request. Call me if I can be of further assistance.

Pamela Brazelton-Sykes
President
Autumn Healthcare