

# MCPHD Referral Form

Please fax this referral form to **217-250-2385** or email to: [referral@mcphd.net](mailto:referral@mcphd.net)

<b>PATIENT INFORMATION</b>		Today's Date _____
Patient Name _____		Age _____ DOB _____
Home Address _____		
Primary Phone _____		Cell Phone _____
Race (mark all that apply)		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> More than one race
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian
		<input type="checkbox"/> Other/Pacific Islander
		<input type="checkbox"/> Declined to specify
Emergency Contact _____		Phone _____
<input type="checkbox"/> Insurance	<input type="checkbox"/> Medicare	<input type="checkbox"/> Self-Pay
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Uninsured	

<b>REFERRAL SOURCE INFORMATION</b>
Referring Agency/Office*: _____
Address _____
Contact Person _____
Phone _____ Fax _____
Email _____

***\*If you are a referring physician, please provide the following information with this referral form:***

- Patient demographic sheet**
- Insurance Information**
- Most recent office notes**

***All programs start with an assessment/consultation to determine appropriate services***

**Services Needed:**

- Medication Assisted Treatment
  - Case Management/Crisis Support
  - Assistance with legal proceedings
  - Individual counseling
  - Group counseling
  - Family counseling
  - Couples counseling
  - Other *(specify below)*
- \_\_\_\_\_
- \_\_\_\_\_

**Other Resources Offered at time of Referral:**

- Transportation ***[For office use only]***
  - Medical services
  - Child Care
  - Groceries/Meals
  - In Patient Services
  - Temporary Housing
  - Outpatient Services
  - Other *(specify below)*
- \_\_\_\_\_
- \_\_\_\_\_

Current substance use issue? <input type="checkbox"/> YES <input type="checkbox"/> NO
Substance(s) of choice:
_____
_____

*Nearest Location to Patient:*

**☐ St. Francis Way Clinic – Litchfield**

805 St. Francis Way, Litchfield, IL 62056  
Ph: 217-250-2380

**☐ Health & Wellness Center – Gillespie**

118 W. Chestnut Street, Gillespie, IL 62033  
Ph: 217-839-7200

**We provide other services including, but not limited to:**

- Assistance with maintaining work, school, and family schedules
- Assistance with housing, transportation, DHS services, food, needs and essentials
- Individualized treatment
- Access to 24-hour crisis support
- Assistance with probation and/or parole

**COMMENTS/ADDITIONAL INFORMATION:**

---

---

---

---

---

---

---

---

---

---

This form is available online at:

<https://mcphd.net/health-wellness-center-recovery-center/>