

MCPHD Referral Form – St. Francis Way Clinic



805 St. Francis Way, Litchfield, IL, 62056

Please fax this referral form to **217-250-2385** or email to: referral@mcphd.net

PATIENT INFORMATION		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	

REFERRAL SOURCE INFORMATION Referring Agency/Office*: _____ Address _____ Contact Person _____ Phone _____ Fax _____ Email _____	<i>*If you are a referring physician, please provide the following information with this referral form:</i> <input checked="" type="checkbox"/> Patient demographic sheet <input checked="" type="checkbox"/> Insurance Information <input checked="" type="checkbox"/> 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: _____ _____
--

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/>