

# Rosecrance Referral Form



Chicago/Surrounding Suburbs/Other States

For non-emergency referrals, fax this form to 815.387.7997

Today's Date \_\_\_\_\_

## PATIENT INFORMATION

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s)/Guardian Name(s), *if a minor* \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Insurance

Self Pay

Unfunded

Medicaid

## REFERRAL SOURCE INFORMATION

Agency \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

## COMMENTS ON REFERRAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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(All programs start with an assessment/consultation to determine appropriate services.)

**Adolescent Substance Abuse**

**Residential treatment and recovery homes.**

Rosecrance Griffin Williamson Campus  
1601 University Drive, Rockford, IL 61107  
Phone: 815.391.1000

**Adult Substance Abuse**

**Detoxification, residential treatment and recovery homes.**

Rosecrance Harrison Campus  
3815 Harrison Ave., Rockford, IL 61108  
Phone: 815.391.1000

**Adolescent & Adult Substance Abuse Assessments and Outpatient Services**

**Chicagoland Offices**

- Frankfort
- Lincoln Park
- Naperville
- Northbrook
- Oak Park

Phone: 815.387.5615

**Mental Health & Substance Abuse Outpatient Services**

(Insurance, Medicaid, self pay, unfunded)

**McHenry County**

McHenry Office  
4501 Prime Parkway  
McHenry, IL 60050  
Phone: 815.363.6132

Crystal Lake Office  
422 Tracy Court  
Crystal Lake, IL 60014  
Phone: 815.363.6132

Rosecrance is a behavioral health care organization that is bound by strict state and federal privacy and confidentiality regulations. Please fax this form. Do not email.

**For emergency situations, please go to your local emergency department or call 911.**

(This form is available at [www.rosecrance.org](http://www.rosecrance.org).)

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Disposition of referral \_\_\_\_\_

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