

Rosecrance Referral Form



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 Medicare Unfunded Self Pay Medicaid

REFERRAL SOURCE INFORMATION

Agency _____

Address _____

Contact person _____

Phone _____

Fax _____

COMMENTS ON REFERRAL

(All programs start with an assessment/consultation to determine appropriate services.)
Call 815.391.1000 to schedule an assessment

Griffin Williamson Campus

Teen substance abuse treatment
Outpatient, detox & residential
(Insurance, Medicaid, self pay, unfunded)

1601 University Dr., Rockford, IL 61107

Berry Campus

Outpatient child & adolescent mental health
Outpatient teen substance abuse
(Insurance, Medicaid, self pay, unfunded)

8616 Northern Ave., Rockford, IL 61107

Belvidere Clinic

Outpatient adult mental health & psychiatry
Outpatient adult substance abuse
Walk-in services
(Insurance, Medicaid, Medicare, self pay, unfunded)

915 Alexandra Dr., Belvidere, IL 61008

Aspen Counseling

Counseling for individuals, couples & families,
Interventions, support groups, psychiatric evaluations
& medication management
TMS - Transcranial Magnetic Stimulation
(Insurance, self pay)

8616 Northern Ave., Rockford, IL 61107
Phone: 815.399.9700

(This form is available at www.rosecrance.org)

Harrison Campus

Adult substance abuse treatment
Outpatient, detox & residential
(Insurance, Medicaid, self pay, unfunded)

3815 Harrison Ave., Rockford, IL 61108

Ware Center

Outpatient adult mental health
Outpatient teen & adult substance abuse
Walk-in services, pharmacy, Recovery Resource Center
(Insurance, Medicaid, Medicare, self pay, unfunded)

2704 N. Main St., Rockford, IL 61103

Mulberry Center

Adult mental health
Crisis triage, short-term crisis residential & detox
(Insurance, Medicaid, Medicare, self pay, unfunded)

605 Mulberry St., Rockford, IL 61103

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.

Disposition of referral _____
