

# Rosecrance Referral Form



For non-emergency referrals, fax this form to 815.387.7997 or email [referral@rosecrance.org](mailto:referral@rosecrance.org)

<b>PATIENT INFORMATION</b>	Today's Date _____
Patient Name _____	Age _____ DOB _____
Parent(s)/Guardian Name(s), <i>if a minor</i> _____	
Home address _____	
Home phone _____ Cell phone _____	
<input type="checkbox"/> Insurance	<input type="checkbox"/> Medicare
<input type="checkbox"/> Unfunded	<input type="checkbox"/> Self Pay
<input type="checkbox"/> Medicaid	

<b>REFERRAL SOURCE INFORMATION</b>
Agency _____
Address _____
Contact person _____
Phone _____
Fax _____
Email _____

<b>COMMENTS ON REFERRAL</b>

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

**Griffin Williamson Campus**

1601 N. University Dr., Rockford, IL 61107  
Teen substance abuse & mental health treatment  
Detox & residential  
(Insurance, Medicaid, self pay, unfunded)

**Belvidere Clinic**

915 Alexandra Dr., Belvidere, IL 61008  
Outpatient adult mental health & psychiatry  
Outpatient adult substance abuse  
Child and adolescent outpatient mental health  
Walk-in services  
(Insurance, Medicaid, Medicare, self pay, unfunded)

**Aspen Counseling**

8616 Northern Ave., Rockford, IL 61107  
Phone: 815.399.9700  
Counseling for individuals, couples & families,  
Interventions, support groups, psychiatric evaluations  
& medication management  
TMS - Transcranial Magnetic Stimulation  
(Insurance, self pay)

**Harrison Campus**

3815 Harrison Ave., Rockford, IL 61108  
Adult substance abuse treatment  
Outpatient, detox & residential  
(Insurance, Medicaid, self pay, unfunded)

**Ware Center**

2704 N. Main St., Rockford, IL 61103  
Outpatient child, teen & adult mental health  
Outpatient teen & adult substance abuse  
Walk-in services, pharmacy, Recovery Resource Center  
(Insurance, Medicaid, Medicare, self pay, unfunded)

**Mulberry Center**

605 Mulberry St., Rockford, IL 61103  
Adult mental health  
Crisis triage & short-term crisis residential  
(Insurance, Medicaid, Medicare, self pay, unfunded)

This form is available online at:  
[rosecrance.org/for-professionals/referral-forms/](http://rosecrance.org/for-professionals/referral-forms/)

For questions, or to schedule an assessment by phone call  
815.391.1000