



5315 Millennium Dr NW,
Huntsville, AL 35806
256-964-6700

QUICK REFERRAL INTAKE FORM

Confidential eFax Line 931-392-4370 • After Hours Confidential Fax Line 256-489-0849

REFERRAL SOURCE

If calling from a facility provide facility name and name of caller.

Facility: Telephone:
Your Name: Title:
Email Address: Telephone:

PATIENT INFORMATION

Patient Name: DOB: / /19 Social Security Number:
Address: Telephone:
Power of Attorney/Guardian Name: Relationship Telephone:
Emergency Contact: Relationship Telephone:

Legal Status: Medical POA/Guardianship/Voluntary: If no Medical POA or guardianship available list the name/number of the caregiver/family willing to obtain Medical POA/Guardianship

Name: Relationship
Telephone: Email Address
Primary Insurance: Policy Number:

Medical and/or Psychiatric Provider:

Medications:

Name of Pharmacy: Allergies:

Has the patient received the COVID-19 Vaccine? Yes No No, but patient is interested in learning more

Is the patient currently positive for COVID-19? Yes No

Has the patient received a flu vaccine: Yes No No, but patient is interested in learning more

PRESENTING PROBLEMS/BEHAVIORS

List patient behaviors exhibited over the past 72hrs, including if patient is suicidal and/or homicidal.

Diagnosis of Dementia/Alzheimers: Yes No Medical Conditions/Diagnosis:

History of Mental illness (include diagnosis and recent psychiatric hospitalizations):

Full Code or DNR: