

PLEASE FAX COMPLETED FORM TO: (352) 861-3134

PHONE: (352) 671-3130

*When possible please attach a demographic sheet/problem list



Patient Referral Form

Urgent: _____ Routine: _____

******Please indicate which service(s) you are referring your patient for******

Intensive Outpatient 3x week _____ Partial Hospitalization 5x week _____

Detox _____ Inpatient Psych _____

Unsure/Free Assessment to determine appropriate level of care _____

Date of Referral: _____

(Please PRINT Referring Dr. or Facility Name Here) _____

Contact Person Name _____ Office Phone #: _____

PATIENT INFORMATION

Patient Name: _____ Patient DOB: _____

Patient Address: _____

Patient Phone Number(s): _____ SSN: _____

Symptoms/Reason for Referral: _____

Insurance: _____ Policy #: _____ Group#: _____

The Vines provides Confidential/Free Assessments 24/7 with **NO APPOINTMENT NECESSARY**. If you have instructed your patient to come to the Vines for treatment, please indicate the date/time you have instructed them to arrive: _____

Contacts:

Lindsay King, Director of Admissions: (352) 671-3130 ext. 3046

Cynthia Goff, Director of Business Development: (352) 671-3130 ext. 3014