



DATE: ___ / ___ / ___

PATIENT REFERRAL

Monarch Health welcomes referrals from outside providers. Please complete the form below and fax to us (888) 384-2618. Our case manager will call the patient directly to schedule an appointment.

If you are a patient and would like more information or to schedule an appointment, please call Shanon, our Case Manager, at (608) 298-7768.

PATIENT INFORMATION

First Name _____ Last Name _____ DOB: ___ / ___ / ___

Current Address/Living Situation _____

City _____ State _____ Zip _____

Best Phone/Email/Text/Other _____

REFERRAL SOURCE

First Name _____ Last Name _____

Telephone (Office) _____ (Cell) _____

Email _____

Relationship to Patient (if any) _____

Patient Aware of Referral Yes No

Presenting Substance Use Need: heroine pain medication alcohol other

Date of Last Use (if known) ___ / ___ / ___

Current withdrawal symptoms (if any) _____

Prior Overdose Yes No Unknown If yes, was NARCAN used? Yes No Unknown

Any other information pertinent to this referral: _____

PLEASE BE SURE TO INCLUDE A RELEASE OF INFORMATION SIGNED BY THE PATIENT WITH THIS REFERRAL, OR UPLOAD WITH REFERRAL IF SUBMITTING ONLINE.