



DATE: ___ / ___ / ___

PATIENT REFERRAL

Monarch Health welcomes referrals from outside providers. Please complete the form below and fax to us (833) 974-2478. 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 our clinic at (608) 729-9388.

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: heroin 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.