Restoration Recovery

FAX 423-498-2001

Questions? 423-498-2000

Patient referral

Print, complete, and fax this sheet with relevant records and existing authorization.

Intake: Monday-Friday, 9:00 am-4:30 pm Eastern Time.

1 PATIENT AND CONTACT INFORMATION

Patient full name

Date of birth

Safe callback phone

Preferred contact method / time

Insurance / plan

Member ID

2 REQUESTED CARE

- ☐ Addiction treatment
- ☐ Psychiatric medication management
- ☐ Other
- ☐ Facility care coordination

Reason for referral / current care needs

Date care is needed / anticipated discharge date, if relevant

3 APPOINTMENT PREFERENCE

- ☐ Chattanooga
- ☐ Cleveland
- ☐ Soddy-Daisy
- ☐ Ringgold
- ☐ Discuss clinic with intake
- ☐ In person
- ☐ Telemedicine follow-ups

The first visit is always in person. Psychiatric care is provided by our Chattanooga clinic. Intake confirms the visit plan.

4 REFERRING TEAM

Referrer name / title

Facility / agency

Direct phone

Return fax

Scheduling contact (if different) / direct phone

5 ATTACHMENTS

- ☐ Current medication list
- ☐ Clinical summary / discharge plan
- ☐ Insurance information
- ☐ Existing signed authorization

Fax 423-498-2001 | Phone 423-498-2000

Call intake about urgent scheduling needs. For a medical emergency, call 911.

Blank referral template - September 2026