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

Psychiatric care is coordinated through Chattanooga. 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