

Rosecrance Referral Form



McHenry High Schools East West

For non-emergency referrals, fax this form to 815.387.7997

Today's Date _____

PATIENT INFORMATION

Patient Name _____ Age _____ DOB _____

Parent(s)/Guardian Name(s), *if a minor* _____

Home address _____

Home phone _____ Cell phone _____

Insurance

Self Pay

Unfunded

Medicaid

REFERRAL SOURCE INFORMATION

Agency _____

Address _____

Contact person _____

Phone _____

Fax _____

COMMENTS ON REFERRAL

(All programs start with an assessment/consultation to determine appropriate services.)

Mental Health & Substance Abuse Outpatient Services

(Insurance, Medicaid, self pay, unfunded)

McHenry County

McHenry Office
4501 Prime Parkway
McHenry, IL 60050
Phone: 815.363.6132

Crystal Lake Office
422 Tracy Court
Crystal Lake, IL 60014
Phone: 815.363.6132

Adolescent Substance Abuse Residential treatment and recovery homes.

Rosecrance Griffin Williamson Campus
1601 University Drive, Rockford, IL 61107

Phone: 815.391.1000

Rosecrance is a behavioral health care organization that is bound by strict state and federal privacy and confidentiality regulations. Please fax this form. Do not email.

I/We hereby agree to participate in the McHenry School District #156 Suspension Buy-Down Program. I/We agree to completing the following:

- Participate in an assessment
- Complete the corresponding program recommendations
- Hereby grant permission for Rosecrance to share all information with McHenry High School

Student Signature

Parent Signature

Administrator

Date

For emergency situations, please go to your local emergency department or call 911.

(This form is available at www.rosecrance.org.)

Disposition of referral _____