NEW HOPE
RECOVERY CENTER

Professional Referral Form

Please fill out this form and fax it to 773-883-3882. If you have any questions, please call our main line and speak to the intake coordinator: 773-883-3916.

Referring Physician/Treatment Center/Therapist Information

Physician Name/Treatment Center/Therapist Name: _____

Office Street Address: _____

City: _____ State: ____ Zip: _____ Country: _____

Office Phone: _____ Office Fax: _____

Patient Information

Patient Name: _____

Patient's Date of Birth: _____ Patient Gender: _____

Patient Diagnosis Code(s): _____

Current Treatment Plan: _____

Current Medications: _____

Contact Information

One of the New Hope Recovery Center staff will contact you to discuss this referral. Please let us know the contact person to call.

Contact Person Name and relationship to patient: _____

Contact Person Phone: _____ *Contact Person Email:* _____