



Patient Referral

Requesting Physician/Health Care Professional Information: PLEASE PRINT CLEARLY

| | | | |
|--------------------------------|-------------|------------|--|
| Date of Request | | | |
| Provider Name | FIRST NAME: | LAST NAME: | |
| Name of Company | | | |
| Phone Number | () | - | |
| Fax Number | () | - | |
| Name of Person Completing Form | | | |

Patient Information: PLEASE PRINT CLEARLY

| | | | | |
|--------------------|-------------|-------|-------------------------------|---------------------------------|
| Patient Name | FIRST NAME: | M.I.: | LAST NAME: | |
| Date of Birth | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Phone Number | () | - | Alt. Number () | - |
| Street Address | | | | |
| City & State, Zip | | | | |
| Insurance Name | | | | |
| Insurance Policy # | | | | |
| Reason for Appt. | | | | |

Please check how patient referral will establish care at American Behavioral Clinics.

- Verbal Consult Patient is in the referring office at time of scheduling. ABC completes form over the phone.
 Person calling: _____
- Patient Will Call Patient will call American Behavioral Clinics to schedule appointment. Please have insurance card information available.

Please fax to the referring **American Behavioral Clinic location.**

If the patient is in your office and you need immediate service, please call the preferred clinic.

For additional forms to download and print go **Online** to
www.AmericanBehavioralClinics.com

Bluemound Clinic
 10424 W. Bluemound Rd.
 Milwaukee, WI 53226
 (414) 774-1794
 Fax: (414) 774-1488

Layton Clinic
 7330 W. Layton Ave.
 Milwaukee, WI 53220
 (414) 281-1677
 Fax: (414) 281-0884

Mequon Clinic
 1240 W. Ranchito Lane
 Mequon, WI 53092
 (262) 241-3231
 Fax: (262) 241-3231

Elm Grove Clinic
 15285 Watertown Plank Rd.
 Elm Grove, WI 53122
 (262) 797-2818
 Fax: (262) 797-2814