LIFESPAN RECOVERY CENTER

200 Corliss Street, Providence, RI 02904 401-606-8530 (P) • 401-606-8549 (F)



For information or to make a referral, please call 401-606-8530. To help facilitate patient referrals, please complete this referral and fax it along with a copy of a signed release of information (ROI) to 401-606-8549.

Center to contact patient? Yes No	Referral Source (Name):	
20101111121	Phone #: Fax #:	
ROI Obtained? Yes No	Email:	
Patient Contact #		
Domographic Information		
Demographic Information		
Name	Date of Birth	
Legal Name (if different)		
Sex - M F *Gender Identity _	*Pronouns he/she/	
* In effort to make our practice more inclusive, we	e have provided space for optional self-identification for our transgender o	r gender
non-conforming patients. If this information does	not apply, you may leave it blank.	
Race Relationship	p Status Social Security #	
Address	CityStateZip	
Insurance Information		
Primary Insurance:		
Policy #:	Subscriber Name:	
Secondary Insurance:		
Policy #:	Subscriber Name:	
Clinical Information		
Admit From: (Attach D/C summary,	, medication information and any other pertinent information)	
Reason for transfer:		
Current Medications:		
Outnatient Theranist:	Outnatient Psychiatrist:	