

SummitRidge Hospital Referral

Based on our conversation during your appointment, I feel that you could benefit from a **free** assessment at Summit Ridge Hospital. Summit Ridge is a walk-in facility that is open 24/7 or you can make an appointment by calling the Intake Department at 678-442-5856 as soon as possible. We are located at 250 Scenic Highway Lawrenceville, GA 30046.

Patient's First Name: _____

Last Name: _____

Date of Birth: ____/____/____

Brief reason for visit:

Name of Insurance: _____

Policy Number: _____

Referring Facility: _____

Referring Provider: _____

Phone Number: _____

Today's date: ____/____/____

Release of Information

I, _____, hereby request and authorize Summit Ridge to release copies to, obtain copies from, and communicate verbally to _____ in order to verify my arrival at Summit Ridge Hospital for continued treatment. I understand that this release expires in 7 calendar days and that I may revoke my consent at any time. Summit Ridge shall not condition treatment based on the receipt on this authorization. This form is to provide information on the outcome of the assessment but does not provide as a release of information about my treatment while at Summit Ridge. My signature on this form indicates my full understanding of all information and my voluntary consent to release my protected health information.

Signature: _____ Date: ____/____/____

For Staff Use Only

Date & Time the patient arrived: _____ Disposition: _____

Patient did not arrive

Date & Time Facility/Practitioner was Contacted: _____