



# Clinicare Spravato™ Treatment Center



Helping One Patient at a time.....

## Patient Referral Form

Immediate Appointments Available

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Member ID/Policy #: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Referral Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Name & Title of Person Making Referral: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email of Referring Provider: \_\_\_\_\_

(Email address required to receive Spravato treatment progress reports of patient)

### Please FAX this form to 937-352-4111

#### Further Instructions

When we call, we will also need to obtain the following information before seeing the patient. *If you have this available*, feel free to fax it along with this form.

- Recent History & Physical or recent progress notes
- Medication List & Medical Records
- We accept all major insurances.

#### **Clinicare International Center Ltd.**

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**937-429-2422 Ext.110**

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*Thank You For Your Referral!*