

EAC Referral Form

Phone: (814) 868-4031

Demographic Information

Name: _____ Date of Birth: _____ Age: _____
Sex Assigned at Birth: Female Male Gender Identity: _____
SSN: _____ Primary Phone: _____ Alternate Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Insurance: _____ Policy Number: _____
Secondary Insurance: _____ Policy Number: _____

POA/Legal Guardian Information

Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Medical Information

PCP: _____ PCP Phone: _____ Height: _____ Weight: _____ Diabetic: Yes No
Allergies: _____
Dietary Restrictions: _____
Special Needs: _____

Referral Source Information

Name: _____ Relationship to Client: _____
Primary Phone: _____ Agency: _____

INTERNAL USE ONLY



ADM.REF

Authorization Number: _____ Arrival Date: _____
UR Approval: _____ Date: _____

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EAC Referral Form

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Current Services

Name: _____ Agency: _____

Primary Phone: _____ Fax: _____

Name: _____ Agency: _____

Primary Phone: _____ Fax: _____

Name: _____ Agency: _____

Primary Phone: _____ Fax: _____

Name: _____ Agency: _____

Primary Phone: _____ Fax: _____

Medication Information

Date of Last PRN: _____ Medication Used: _____ Dosage: _____

Daily Medications:	Medication: _____	Dosage: _____
	Medication: _____	Dosage: _____
	Medication: _____	Dosage: _____
	Medication: _____	Dosage: _____
	Medication: _____	Dosage: _____
	Medication: _____	Dosage: _____



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EAC Referral Form

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DSM-5 Diagnosis

Psychiatrist Recommending EAC: _____ Date of Evaluation: _____ Primary Diagnosis: _____

Additional Diagnoses: _____

Medical Diagnoses: _____

Reason for Referral (symptoms, behaviors, etc)

Barriers to Treatment Progress

Please send completed referral form, copy of current psychiatric evaluation recommending EAC and 3 days of progress notes by email to lecomeac@mch1.org.
If you have any questions please call, (814) 868-7668.



ADM.REF