

Ascending to Health Respite Care

123 W. Rio Grande Colorado Springs, CO 80903

Referral Form

Name: _____ Date: _____

SS#: _____ DOB & Age: _____

Insurance & #: _____

Referred From: _____

Contact Person & Phone #: _____

Please send signed release form with referral.

Independent of ADL's: _____ Current ID: State _____ Exp. _____

Active DETOX? _____

Medical Diagnosis & Special Needs

Future Medical Appointments (date, time, location, and with whom):

Please send Medications for 2-3 days, medical supplies & O2, medical records with doctor notes & discharge orders.

Admissions will **NOT** be done on weekends after noon on Saturday or anytime on Sunday.

Contact:

Melissa Black RN 719-633-2800
Afterhours 719-360-5205
Fax # 719-633-4567

(3/2016)