



Administrative Office

723 North Weber Street Suite 202
Colorado Springs, CO 80903-1039
Phone: (719) 635-7639
Fax: (719) 308-2770

Recuperative Care

1902 East Boulder St.
Colorado Springs, CO 80909-5839
Phone: (719) 633-2800
Fax: (719) 633-4567

Client Name: _____ Date: _____

SSN: _____ DOB & Age: _____

Current ID: State _____ ID No: _____ Exp. Date _____

Insurance & Number: _____

Referred From: _____

Contact Person: _____

Phone: _____ Email: _____

Registered Sex Offender? Yes _____ No _____

Independent of ADLs? Yes _____ No _____ Active DETOX? Yes _____ No _____

Medical Diagnosis & Special Needs: _____

Expected Hospital Discharge Date: _____

ATTN: PLEASE SEND SIGNED RELEASE FORM WITH REFERRAL TO referrals@athrc.com

Please send medications and medical supplies (incl. O2) for 2-3 days, medical records with doctor(s) notes & discharge orders. Incomplete forms could cause potential delays in the acceptance process.