

Partial Hospitalization Program

2018 Brookwood Medical Center Drive
Professional Office Building, Suite 301
Birmingham, Alabama 35209
Phone: (205) 877-5454 • FAX: (205) 877-5466

Geriatric Outpatient Day Program

Walker Baptist Medical Center
3400 Hwy 78 E, Jasper, AL 35501
Phone: 205-387-4441 • FAX: (205) 387-4809

REFERRING PHYSICIAN / CLINICIAN INFORMATION

Today's Date: / / Referring Clinician: Phone #:

PATIENT INFORMATION

Patient Name: _____

Address: _____

City, State, Zip: _____

Social Security No: DOB: / / Age: Phone #:

Emergency Contact Name: Phone #:

INSURANCE INFORMATION

Insurance (Primary): Phone #:

Insurance Subscriber Name: DOB: / /

Contract/Policy Number: _____

Insurance (Secondary): Phone #:

Insurance Subscriber Name: DOB: / /

Contract/Policy Number: _____

Reason for Referral: _____

Diagnosis: _____

Pharmacy: Group Preference: AM PM

Will patient need transportation? _____

If referred from an inpatient facility, please include patient's current history and physical, medication list, facesheet, and estimated date of discharge.