WATERSTONE
Addiction & Recovery Services
A Division of Waterstone Health
3190 Whitney Ave, Hamden | 32 Wall St, Madison | 400 Bayonet St, New London
Phone: (203) 245-0412 Fax: (203) 427-0441
Web: www.ctaddiction.com

New Patient Referral Form

Referring Care Provider: _____ Date: _____

Office Contact: _____ Phone: _____Fax:_____

Patient Name: _____ D.O.B: _____

Phone: _____ Gender: M ___ F ___Other ___

Mailing address: _____
City: _____
State: _____ Zip: _____

Reason for referral:
_____
_____
_____

Primary Insurance: Policy number, Group number, Policy holder and DOB:

_____

Secondary Insurance: Policy number, Group number, Policy holder and DOB:

_____

Any testing performed? ____ Yes ____ No **Please fax pertinent records before appointment**

PLEASE FAX THIS FORM AND WE WILL CONTACT THE PATIENT DIRECTLY