



The Sanctuary at The Woodlands

1910 Cherokee Ave SW,
Cullman, AL 35055

256-255-0820

We are available 24hrs a day, 7 days a week!

Confidential eFax Line available M-F from 8AM-5PM 256-371-5645 • After Hours call 256-255-0820

REFERRAL SOURCE

Facility: _____ Telephone: _____

Your Name: _____ Title: _____

Please call us at 256-255-0820 should you have any questions about our referral process or services provided.

Patient Information *Please send any current medical records if available.*

Patient Name: _____ DOB: ____/____/19____ Social Security Number: _____

Address: _____ Telephone: _____

Power of Attorney/Guardian Name: _____ Relationship: _____ Telephone: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

Legal Status: *Medical POA/Guardianship if available* _____

Primary Insurance: _____ Policy Number: _____

Medical and/or Psychiatric Provider: _____

Medications:

Name of Pharmacy: _____ Allergies: _____

Has the patient received the COVID-19 Vaccine? ☐ Yes ☐ No ☐ No, but patient is interested in learning more

Is the patient currently positive for COVID-19? ☐ Yes ☐ No

Has the patient received a flu vaccine: ☐ Yes ☐ No ☐ No, but patient is interested in learning more

PRESENTING PROBLEMS *List patient behaviors exhibited over the past 72hrs, be sure to include suicidal/homicidal ideations, intent, and or plan.*

Diagnosis of Dementia/Alzheimers: ☐ Yes ☐ No Medical Conditions/Diagnosis: _____

History of Mental illness (include diagnosis and recent psychiatric hospitalizations): _____

Full Code or DNR: _____