Acadia Hospital
Empowering People to Improve Their Lives
EMHS MEMBER

268 Stillwater Ave
PO Box 422
Bangor, Maine 04402-0422
Access Center 207.973.6048
Fax 207.973.6128

Referral form for Outpatient Services

☐ **Pediatric evaluation** ☐ **Adult Evaluation**

Pediatric referrals only: ☐ **One time consultation** ☐ **Referring for continued care if appropriate**
Is the family aware of referral: ☐ **Yes** ☐ **No**

****Acadia hospital does not offer one time consultation evaluations for Adult Services****

Patient Name: _____ **Date of birth:** _____

Address: _____ **City/ State/ZIP:** _____

Guardian: ☐ **Self** ☐ **Other:**_____

Patient phone: Home: _____ **Cell:** _____

Insurance: _____

Policy #:_____ **Group#:**_____

Diagnosis: _____

_____

Reason for referral: _____

_____

_____

Referring provider(s) name & office: _____

Office Phone #: _____ **Fax #:** _____

Provider Signature: _____

- **Please send referral form along with the most recent office visit note(s) and a current medication list.**

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