SWGM
seniors wellness group of michigan
Seniors Wellness Group of Michigan, P.C.
221 S. Main Street Suite 201 Royal Oak Michigan 48067 telephone (248) 398-6459 facsimile (248) 629-1432

Initial Consultation/Re-Admission Request Form

Facility_____ Date_____

The following individuals are being referred for psychiatric/psychological evaluations per the order of the attending physician. In addition, the resident or the responsible party is aware of and has authorized services and the assignment of benefits. A face sheet for each referred resident accompanies this request.

Signature_____

Facility Representative

PLEASE CALL IN ALL URGENT OR EMERGENCY CONSULATION REQUESTS

Room number	Resident Name	Date of Birth	Comments for Providers

Please fax this completed form and corresponding face sheets to 248-629-1432
Any URGENT OR EMERGENCY referrals MUST be called in to 248.398.6459

Please retain copy of this for the provider