

Saint Joseph Berea Senior Renewal Center  
305 Estill Street  
Berea, KY 40403  
P. 859.986.6301  
F. 859.986.6479

**Senior Renewal Patient Referral Form**

**Treating:**

Senior adults facing unique emotional problems which may include but are not limited to: Difficulty coping with Change, trouble adjusting to retirement, deterioration of daily living skills, loneliness and isolation, crying spells and/or explosive anger, grief and loss, Feelings of anxiety and depression, adjustments to declining physical health, negative changes in eating and sleeping, strained, and/or conflicted family relationships or a strong sense of hopelessness often accompanied by suicidal thinking.

Our Program Director will call your patient directly to schedule an appointment.

**Insurance Accepted:** Medicare, Medicare Supplements, Private Insurance, and we offer other options for payment. Please forward most recent history and physical with lab work and current medication list to assist in the treatment of your patient.

The Senior Renewal Center only treats mental health illnesses and disorders, so your patient will continue to consult you as his/her regular doctor for all medical care. We will inform you about your patient's treatment program and weekly progress to ensure continuity of care.

---

Patient Name: \_\_\_\_\_

Patient Phone: Home: \_\_\_\_\_ Alternate: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB \_\_\_\_\_

Insurance: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

**Presenting Issue:**

\_\_\_\_\_  
\_\_\_\_\_

Consult Type: \_\_\_\_\_ In Office: \_\_\_\_\_ Private Residence

Home Address: \_\_\_\_\_

**Referring Physician Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_