WELLS HEALTH CARE

Patient / Client Referral Form

435 Shrewsbury Street, Suite 4, Worcester, MA
Phone: (508) 556-1040 Fax: 508-519-0292
info@wellshc.com wellshc.com

REFERRAL SOURCE

REFERRING PROVIDER / ORGANIZATION

CONTACT NAME

PHONE

FAX

EMAIL

PATIENT / CLIENT INFORMATION

PATIENT FULL NAME

DATE OF BIRTH

PHONE

MASSHEALTH / INSURANCE ID

PREFERRED LANGUAGE

HOME ADDRESS

CITY

STATE

ZIP

SERVICE REQUESTED (check all that apply)

- ☐ Adult Foster Care (AFC)
- ☐ Group Adult Foster Care (GAFC)
- ☐ Skilled Home Health
- ☐ HCBS Waiver Support
- ☐ Private Pay Home Care
- ☐ Other / General Inquiry

DIAGNOSIS / CARE NEEDS & NOTES

All referrals are reviewed promptly. Services are coordinated per program requirements and physician orders when applicable. Please fax completed forms to 508-519-0292 or email info@wellshc.com. For help, call (508) 556-1040.

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