

GENERAL REFERRAL

Phone: (231) 947-8920 or (800) 442-1713 | Fax: (231) 947-6401 | Email: info@aaanm.org

Referring person - Information

Name: _____ Relationship to person being referred: _____

Date Referred: _____ Phone: _____

Is person aware of referral? _____ Yes _____ No

Person being referred to AAANM

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

County of Residence: _____

Contact Person (if not person being referred): _____

Relationship to Patient/Client: _____ Phone: _____

Reason for Referral to AAANM

Primary Concern: _____

Diagnosis or Issue: _____

Other Comments: _____

Please call AAANM at (231) 947-8920 or (800) 442-1713.
Ask for Access & Eligibility Team to discuss a referral.
AAANM is open Monday-Friday 8:00 a.m.-4:30 p.m. (except on major holidays)