



IMS

Integrated Medical Services LLC

imscenters.com

choose location IMS Fax (540) 784-4464

1001 Berryville Ave Winchester, VA 22601 VA (540) 779-0607

101 Medical Court Suite #106 Martinsburg, WV 25401 WV (888) 225-0017

REFERRAL FORM

Date: _____

Referring contact name: _____

Agency: _____

Phone #: _____ Fax: _____

Email: _____

Please respond and send any attachments:

ID / Driver License

Insurance card if any

Ankle bracelet/monitor

Female and currently pregnant

Other: _____

INFORMATION OF PATIENT DEMOGRAPHICS

First name: _____ Middle name: _____

Last name: _____

DOB: _____ SS# _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Other form of ID: _____

INSURANCE INFORMATION (Please fill out to the best of your knowledge)

Insurance Name: _____

Insurance ID: _____

Member ID: _____

Medicad ID : _____

If treatment is mandated, indicate and add any relevant information:

Example:

- Currently under the care of any provider for Medication or Treatment?
- Mandated by the court?

If the answer is yes, please disclose (To the best of your understanding)

Notes: _____

EMERGENCY CONTACT OR IMPORTANT INFORMATION IF ANY

Full name, date of birth of the person and phone number:

Spouse / Legally responsible for financial obligation.

Other: (If the patient is a minor, name of Guardian / Parent)

First name: _____ Last name: _____

Date of Birth: _____ Phone Number: _____

Relationship to patient: _____
