



Psychiatric
Prescribing
Providers

iTrust Wellness Group
111 Commons Way
Greenville, SC 29611
Tel: (864) 520-2020
Fax: (864) 640-4400
Email: info@itrustwellnessgroup.com

Referral Form – Autumn Leaves

Name of Resident:	
Resident Date of Birth:	
Resident Insurance Provider: (or, indicate if self-pay)	
Insurance Subscriber/Member ID:	
Insurance Group Number (if applicable):	

Reason for Referral (current concerns, issues, or reasons for needing appointment with our providers):
Relevant medical history:
Additional Information:

- 1) Please include a copy of the residents' insurance card(s) (front + back)
- 2) Please include a copy of the resident's current medications and current medical diagnoses
- 3) Please fax completed form to **(864) 640-4400**. Our providers will make every effort to respond to referral requests as soon as possible.