



HERMITAGE HALL RESIDENTIAL TREATMENT CENTER

1220 8th Avenue South, Nashville, TN 37203 · Ph: 615.742.3000 · Fax: 615.250.2388

Date of Referral _____

(Print Legibly)

Name of Referral Source _____

Title of Referral Source _____

Phone Number _____ **Fax Number** _____

Referral Source's Relationship to Child _____

Child's Name _____ **Sex: Male / Female**

Date of Birth _____

Child's SSN _____

Child's Current Location _____

Child's Legal Guardian _____

Street Address _____

City _____ **State** _____ **Zipcode** _____

County of Residence _____

Phone Number(s) _____

Does the Child have Medicaid? _____

Does the Child have Private Insurance? _____

Is the child in outpatient, residential, or acute treatment now? _____

How did you hear about us? _____

www.HermitageHall.com