AE-201

Referral Form

For hospital discharge planners, case managers, CCOs, and community partners.

Complete what you have and send the rest as it becomes available — an incomplete form never delays a response. Email to myaeternumcare@gmail.com or call (781) 309-8976. We respond the same business day.

1. Individual being referred

Full legal name	
Preferred name / pronouns	
Date of birth	
Current location	
Phone	
Legal status (voluntary, guardianship, court order)	
Guardian / conservator name and phone	

2. Referring party

Name and title	
Organization	
Phone	
Email	
Relationship to individual	
Requested move-in date	

3. Clinical summary

Current diagnoses	
Prescriber name and phone	
Primary care provider	
Recent hospitalizations (dates and facility)	
Current medications (attach list)	
Allergies	
Medical conditions or equipment needs	

Mobility and communication needs	
Current safety considerations	
History relevant to safety planning	
Substance use history and current status	
Behavioral supports currently in place	
Protective orders or legal conditions	

5. Funding

Insurance / OHP / CCO	
Member ID	
County funding	
Private pay or other arrangement	
Representative payee	

6. Goals

What is this person hoping for, in their own words? What would a good outcome look like in six months?

7. Attachments

- ☐ Signed release of information
- ☐ Current medication list

- ☐ Functional assessment
- ☐ Guardianship or legal documents
- ☐ Advance directive or declaration for mental health treatment
- ☐ Insurance / OHP card copy

8. Signature

Referring party signature	
Date	

Submit — Send completed referrals to myaeternumcare@gmail.com. For urgent discharge timelines call (781) 309-8976 directly — we will work with your timeline.