

PROFESSIONAL REFERRAL

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

Referring Provider/Organization Information

Name: _____ Provider/Organization: _____

Date Referred: _____ Phone: _____

Is person aware of referral? _____ Yes _____ No

Patient or Client Referred to AAANM

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

County of Residence: _____

Contact Person (if not patient/client): _____

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)