



# Green Park PCH

## RESIDENT REFERRAL FORM

### Green Park PCH Referral Guidelines

1. To refer a potential resident, please complete this form and return it, along with a copy of the prospective resident's application, to the Administrator.
2. If the resident you refer moved in, you will receive a referral award of 70% of that resident's 2<sup>nd</sup> rent after the new resident has lived with Green Park PCH for 60 days.
3. Only one referral award can be given per resident. If a resident is referred by more than one referral, the first referral received will be the one rewarded if the resident moved in.

### Referral Information

Resident Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Resident Information

Resident Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No if Any: \_\_\_\_\_

Note: Please help us to acquaint ourselves with your patient by providing the following information (if available) at the time of referral:

History and Physical: \_\_\_\_\_

Most Recent Office Notes \_\_\_\_\_

Current Medication List: \_\_\_\_\_

### For Human Resources Use Only

Date Received: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_