



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 2nd 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: _____

Thank You For Your Business!