



**HERITAGE HEALTH**  
— SERVICES —

**Please Email, Fax, Mail, or Drop Off Completed Form to:**

Heritage Health Services  
6634 Durand Ave.  
Racine, WI 53406  
Phone: 262-554-8800  
Fax: 844-505-8800  
Email: info@wihhs.com  
**Form is also available online at: [www.wihhs.com](http://www.wihhs.com)**

**REFERRAL FOR PERSONAL CARE:**

**Date of Referral:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Client's Name:** Mr ( ) Mrs ( ) Ms ( ) \_\_\_\_\_  
Last First MI

**SSN:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Language:** \_\_\_\_\_ **Female/Male**

**Address:** \_\_\_\_\_  
Street Address City State Zip

**Forward Card Number:** \_\_\_\_\_

**Primary Doctor's Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Additional Doctors:**

1. \_\_\_\_\_ Specialty: \_\_\_\_\_ Location: \_\_\_\_\_

2. \_\_\_\_\_ Specialty: \_\_\_\_\_ Location: \_\_\_\_\_

3. \_\_\_\_\_ Specialty: \_\_\_\_\_ Location: \_\_\_\_\_

4. \_\_\_\_\_ Specialty: \_\_\_\_\_ Location: \_\_\_\_\_

**Have you ever been with another PC Agency? YES NO**

**Which Agency:** \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_

**Chosen Personal Care Worker Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Where did you hear about Heritage Health Services (referral):**

\_\_\_\_\_