



Joska Healthcare Solutions  
23 Trescott Street, Taunton MA 02780

Tel: 6179252156

Fax: 6179252176

[www.Joskahealthcare.com](http://www.Joskahealthcare.com)

[office@joskahealthcare.com](mailto:office@joskahealthcare.com)

## AFC/GAFC REFERRAL FORM

Patient's Name:  GENDER:

Patient's DOB:  SSN:  Masshealth No:

Medicare ID:  Private Insurance ID:

Address:  City:

State:  Zip Code:  Tel:

Emergency Contact:  Tel:

Address:

**Please attach the following**

- 1. Diagnosis:**
- 2. Past Medical History**
- 3. Medication List**
- 4. Physical Exam**

Services Ordered: \*(please check)

Adult Foster Care (AFC)

Group Adult Foster Care (GAFC)

Reasons for Referral

Notes:

CLINIC NAME AND ADDRESS:

DOCTOR'S NAME :  NPI NUMBER:

SIGNATURE:  DATE:

TEL:  FAX:

OTHER REFERRAL SOURCE:  Case Manager  Social Worker  Others

Name and Address:  Telephone: