



Cedar Grove  
Residential Treatment Center

**Date of Referral** \_\_\_\_\_

*(Print Legibly)*

**Name of Referral Source** \_\_\_\_\_

**Title of Referral Source** \_\_\_\_\_

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

**Referral Source's Relationship to Child** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Sex: Male / Female**

**Date of Birth** \_\_\_\_\_

**Child's SSN** \_\_\_\_\_

**Child's Current Location** \_\_\_\_\_

**Child's Legal Guardian** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zipcode** \_\_\_\_\_

**County of Residence** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_

**Does the Child have Medicaid?** \_\_\_\_\_

**Does the Child have Private Insurance?** \_\_\_\_\_

**Is the child in outpatient, residential, or acute treatment now?** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

[www.cedargrove-rtc.com](http://www.cedargrove-rtc.com)

**CEDAR GROVE RESIDENTIAL TREATMENT CENTER**  
1640 Lascassas Highway Murfreesboro, Tennessee Zip Code 37130  
Telephone 615-895-9590 Facsimile 615-895-9592