REFERRAL FORM:

**Beechwood, Inc ARMHS Services**

**REFERRAL SOURCE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Date of Referral: |       |
| Agency: |       | Phone: |       |
| Email Address: |       | Fax: |       |

**CLIENT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Birthdate: |       |
| Address: |       | Phone (preferred): |       |
|  |       | Phone (secondary): |       |
| Insurance Co.: |       | MA/ PMI #: |       |
| Income Source/Amount: |       | Does Client Have Spenddown? |       |
| Primary Physician: |       | Phone/Clinic: |       |
| Psychiatrist: |       | Phone/Clinic: |       |
| Therapist: |       | Phone/Clinic: |       |
| Other Provider(s): |       | Phone: |       |
| Other Provider(s): |       | Phone: |       |
| Mental Health Diagnoses or Primary Symptoms (if known): |       |
| Currently Suicidal?If so, is safety plan in use? |       |
| Currently Homicidal? If so, is safety plan in use? |       |
| Past ARMHS providers and when those services ended, if known: |       |

**Check areas in which client needs help/ support:**

[ ]  Basic Living Skills

[ ]  Budgeting

[ ]  Meal Planning/ Grocery Shopping

[ ]  Obtaining and Maintaining Housing

[ ]  Self-care

[ ]  Vocational/ Educational

[ ]  Transportation

[ ]  Obtain/ Maintain Financial Assistance

[ ]  Medical/ Dental Health

[ ]  Children’s Needs

[ ]  Social Functioning/ Leisure Time

[ ]  Interpersonal Relationship Skills

[ ]  Mental Health Symptom Management

[ ]  Mental Health Service Needs

[ ]  Medication Education

[ ]  Chemical Health

|  |  |
| --- | --- |
| What are your (referrer’s) goals for the client in ARMHS: |       |
| What are client’s goals and motivations for ARMHS: |       |
| Any other relevant information not included in the form above that you would like to convey about this client: |       |

**\*\*\*Please attach any additional information that might assist in assessing this person’s needs such as previous Diagnostic Assessments, Psychological Test Results, Functional Assessments, Medical Opinion Forms, hospital discharge summaries, etc.\*\*\***

**Fax to: 612-825-0789 Attn: BeechWood ARMHS**