

Referred By: _____ Fax: _____ Date: _____

Resource Management Services Referral Form

www.rmsslouisiana.com

Lake Charles - 337-437-4014
337-437-8283(fax)

Lafayette - 337-261-8781
337-261-8784(fax)

Person Referred: _____ DOB: _____ Age: _____ Male/Female

Address: _____

Primary Phone # _____ SS # _____ Email: _____

Medicaid # _____ Medicaid Bayou Health Plan _____ Medicare _____

Private/Commercial: _____ School: _____

Parent/Guardian/Significant other: _____

Emergency Contact: _____ Relationship _____

Address: _____ Phone: _____

PCP _____ Phone: _____

Pharmacy: _____ Phone/Fax: _____

Diagnosis/Chief Problem: _____

Comments: _____

Services Requested: ___ MHR (in home/community skills/TX ___ Counseling only

___ Counseling with CPST/PSR ___ Medication Management ___ Telehealth ___ Readmission

(If readmission) Any major changes since discharge

Others in home/family receiving services _____

If others in home/family receiving services list workers: _____

Receiving other services:

___ DCFS _____

___ Probation _____

___ FINS _____

___ CSOC _____

___ Mental Health provider (counseling meds, etc.) _____

Legal guardian must attend intake appointment. If not biological parent, MUST bring documentation proving custody or authority to make medical decisions.

Office use only:

1st Appt. _____ Show? Y N / 2nd Appt. _____ Show? Y N / 3rd Appt. _____ Show? Y N

Med Management appointment: _____

Processed: Y or N If no, reason: _____

Contact attempts: (1) _____ (2) _____ (3) _____ / (1) _____ (2) _____ (3) _____

Letter sent _____ Declined Svcs; Referred to: _____