Referred By:_____ Fax:_____ Date:_____

Resource Management Services Referral Form

www.rmslouisiana.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:_____

HOW DID YOU HEAR ABOUT US?_____

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: _____

RMS Revised: 3/26