

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 #_____

Medicaid # _____ Private Insurance _____ Medicare _____

Health Plan:_____ School: _____

Parent/Guardian/Significant other:_____

Emergency Contact: _____ Relationship _____

Address: _____ Phone: _____

PCP _____ Phone: _____

Pharmacy: _____ Phone/Fax: _____

Diagnosis/Chief Problem: _____

Email Address: _____

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 _____

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 9/12; 2/13; 8/13; 3/14; 10/14; 7/15; 8/15; 9/15; 12/15; 2/16; 2/17; 4/17; 7/17; 12/17; 11/19; 7/20; 7/21; 9/25