Referral Application

Office Use Only

Send referrals to: Central Intake, 343 Wood Lake Drive SE, Rochester, MN 55904
Fax: 507-535-5799 Phone: 507-289-2089
Fax IRTS referrals to: 507-535-5797

Check all applicable programs

Independent Living Support Program	*Fillmore CSP*	*Addiction Disorders*	*Psychiatry*	*Psychotherapy*	*IRTS*	*Other*
☐ ARMHS	☐ Case Management	☐ Adolescent	☐ Child	☐ Individual	☐ Residential Bed	☐ Dental
☐ Housing	☐ ARMHS	☐ Adult	☐ Adult	☐ Group		☐ Pharmacy
☐ Case Management /ARMHS	☐ Therapy	☐ Homeless Services				

Note: Children and adult case management referrals go through Olmsted County Community Services at 507-328-6400.

Referral Source (please print) _____ Referral Address or Agency _____ Phone _____ Date _____

Client Name: _____ Date of Birth: _____

Address: _____
Number Street City State Zip Code

Phone: _____ Marital Status: S M Sep D W Children ___ County _____

Reason for Referral:
(issues, symptoms, or stressors) _____

_____

Current Diagnosis Information

DSM 5: _____ **ICD 10:** _____

Please attach Diagnostic Assessment if available

Current Medications: _____

Allergies: _____

Providers:

Psychiatrist:		Agency:		Phone:	
Therapist:		Agency:		Phone:	
Physician:		Agency:		Phone:	
Case Manager:		Agency:		Phone:	
Financial Worker:		Agency:		Phone:	
Other: (e.g. Clergy or Probation)		Agency:		Phone:	

Recent Psychiatric (inpatient, outpatient, residential):

Location/Facility:		Date:	
Location/Facility:		Date:	
Location/Facility:		Date:	
Location/Facility:		Date:	

Medical/Health Concerns:

Date of last physical exam: _____ Location: _____

Concerns about current living arrangement: _____

Payment Source:

Source of income (circle): SSI SSDI GA VA Wages

Health insurance (circle): Medicare Medicaid Employee Assistance Plan Commercial Insurance

Social Security Number: _____ County of Financial Responsibility: _____

MA Number: _____ Insurance ID Number: _____

Other Pertinent Information: _____