



## ARMHS REFERRAL FORM

Return completed form to [armhs@reachforresources.org](mailto:armhs@reachforresources.org) (preferred) or 952-229-4468 (fax)

DATE OF REFERRAL: \_\_\_\_\_ REFERRED BY & RELATIONSHIP: \_\_\_\_\_

AGENCY & ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### CLIENT INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ MA#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GENDER: ☐ MALE ☐ FEMALE ☐ NON-BINARY ☐ OTHER

IS THIS INDIVIDUAL THEIR OWN GUARDIAN? ☐ YES ☐ NO: \_\_\_\_\_

IS THIS INDIVIDUAL AWARE OF THIS REFERRAL? ☐ YES ☐ NO

DAY TREATMENT OR WORK SCHEDULE? ☐ NO ☐ YES: \_\_\_\_\_

#### CLIENT AVAILABILITY - DAY(S):

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

#### CLIENT AVAILABILITY - TIME(S):

☐ MORNING (8AM - 12PM) ☐ AFTERNOON (12 - 4PM) ☐ EVENING (4 - 7PM)

IS THIS INDIVIDUAL OPEN TO TELEHEALTH SERVICES? ☐ YES ☐ NO

DOES THIS INDIVIDUAL HAVE A STAFF PREFERENCE? ☐ MALE ☐ FEMALE ☐ NO PREFERENCE

#### RACE / ETHNICITY:

- ☐ AMERICAN INDIAN/ALASKA NATIVE  
☐ ASIAN  
☐ BLACK/AFRICAN AMERICAN  
☐ HISPANIC/LATINO/A  
☐ MIDDLE EASTERN/NORTH AFRICAN  
☐ NATIVE HAWAIIAN/PACIFIC ISLANDER  
☐ WHITE/CAUCASIAN  
☐ OTHER

HAS THIS INDIVIDUAL RECEIVED ARMHS IN THE PAST? ☐ YES ☐ NO

PROVIDER: \_\_\_\_\_

DATE(S): \_\_\_\_\_

### MENTAL HEALTH INFORMATION

*NOTE: Diagnostic Assessment completed within one year of ARMHS intake must be obtained. Attachment of this document can expedite service start date.*

MENTAL HEALTH DIAGNOSIS(ES): ☐ MAJOR DEPRESSION ☐ BIPOLAR DISORDER ☐ BORDERLINE PERSONALITY DISORDER

☐ SCHIZOPHRENIA ☐ SCHIZOAFFECTIVE DISORDER ☐ OTHER: \_\_\_\_\_

PSYCHIATRIST & CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

THERAPIST & CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

DO YOU HAVE MENTAL HEALTH RECORDS FOR THIS INDIVIDUAL? ☐ NO ☐ YES (PLEASE ATTACH)

ARMHS GOALS FOR THIS INDIVIDUAL: ☐ INTERPERSONAL COMM. ☐ CRISIS ASST. ☐ RELAPSE PREVENTION ☐ MEDICATION MONITORING

☐ COMMUNITY INTEGRATION ☐ BUDGET/SHOPPING/LIFESTYLE SKILLS ☐ MENTAL ILLNESS SYMPTOM MGMT.

☐ HOUSEHOLD MGMT. ☐ TRANSITIONING TO COMMUNITY LIVING ☐ EMPLOYMENT RELATED SKILLS

ADDITIONAL NOTES: