

# ARMHS Referral Form

Please complete the requested PDF form and email it to referrals@rti-mn.com - For questions please call our Main Office 651-457-1461



**RTI**  
RESIDENTIALTRANSITIONS

## REFERRAL INFO

DATE OF REFERRAL: \_\_\_\_\_ REFERRED BY/RELATIONSHIP: \_\_\_\_\_  
AGENCY & ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CLIENT INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PMI: \_\_\_\_\_ F-Code: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ GENDER: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_  
GUARDIAN: NO YES: \_\_\_\_\_  
FIRST LAST PHONE EMAIL

- 1) Are they currently receiving services through RTI: NO YES: \_\_\_\_\_
- 2) Are they currently receiving ARMHS from another Provider: NO YES: \_\_\_\_\_
- 3) Are you currently referring to other ARMHS Providers: NO YES: \_\_\_\_\_
- 4) Are they currently residing in an IRTS facility, Crisis Home, or Hospital: NO YES: \_\_\_\_\_
- 5) Are they on a Civil Commitment: NO YES: \_\_\_\_\_
- 6) What areas do they need support in (Goals): \_\_\_\_\_
- 7) Do they have a Staff preference: MALE FEMALE NO PREFERENCE  
• How many hours a week: \_\_\_\_\_ • Preferred Days/Times to meet: \_\_\_\_\_ Business Hrs Non-Business Hrs

## MENTAL HEALTH INFORMATION

MENTAL HEALTH DIAGNOSIS(ES):  MAJOR DEPRESSION  BIPOLAR DISORDER  BORDERLINE PERSONALITY DISORDER  
 SCHIZOPHRENIA  SCHIZOAFFECTIVE DISORDER  OTHER: \_\_\_\_\_

*(Please attach a Release of Information for the following)*

PSYCHIATRIST & CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
THERAPIST & CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

## CLINICAL DOCUMENTS

**THE FOLLOWING MUST BE SELECTED TO COMPLETE THE REFERRAL**

### Please select yes or no:

1. Does the individual have a current DA within 12 months? YES NO

*If Yes- please include the Diagnostic Assessment with the referral form*

*If No- please indicate Client's availability to schedule a Diagnostic Assessment with RTI's Clinician:*

Preferred Days: Monday Tuesday Wednesday Thursday Friday

Preferred Times: Contact client directly to schedule