



SAFE TRANSITIONS, INC.

ARMHS Program

3656 Front Street

Barnum, MN 55707

PH/FAX: 218-389-3291/218-389-9851

ARMHS REFERRAL FORM

Person/Agency of referral source: _____

Phone number of referral source: _____ Date referred: _____

Is referral currently receiving ARMHS from another provider?: Y N

If yes, Provider Name: _____ NPI# _____

Phone# _____ Fax# _____

Client Information

Client's Full Legal Name: _____ Maiden Name: _____

Alias: _____ Sex: M F Other Home Phone: _____

D.O.B _____ Social Security #: _____

Address: _____

Medical Insurance (Name/ID# and PMI#): _____

Diagnosis: _____

Name Guardian/Legal Representative(if applicable): _____ Phone number: _____

An updated and completed Diagnostic Assessment is needed, please include with this referral form, if possible. ARMHS services cannot start until the Diagnostic Assessment is complete. We can help you with getting a Diagnostic Assessment if you need help.

Comments:

Any additional information you would like us to have please fax to the Barnum office with attn: ARMHS on it. Thank you!

Please submit the referral form and attachments to:

Safe Transitions, Inc.
Attn: Lisa Mikrot
Barnum, MN 55707
Phone 218-389-3291
Fax: 218-389-9851

If you have any questions about this process, please call Lisa at (218) 389-3291