



SAFE TRANSITIONS, INC.
ARMHS Program
1501 Highway 33 S
Cloquet, MN 55720
PH/FAX: 218-878-1364/218-389-9851

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
 1501 Highway 33 South Cloquet, MN 55720
 Cloquet Phone: (218) 878-1364
 Barnum Office Fax: (218) 389-9851

If you have any questions about this process, please call Lisa at (218) 878-1364