

RESADA OUTPATIENT REFERRAL FORM

Referral Agency/Person _____ Agency Phone _____ Date _____

Person making the referral _____

Reason For Referral _____

Does the client have Medicaid? Y N If Yes Medicaid Number _____

is the Client on Probation/Parole Y N If Yes Probation Officer Name _____

Clients Full Name _____ DOB _____

Street Address _____ City _____ ST _____ Zip Code _____

Clients Phone Number _____ Sex M F Dependent Children Y N

Psychological/Mental Health issues concerns? _____

Medical Concerns? _____

TELL AGENCY OR CLIENT

Prior to Intake Client must bring:

- 1. Colorado Drivers License or Colorado Photo ID and Social Security Card Required.
- 2. Medicaid Card Required. (If client is on Medicaid)
- 3. Client must schedule an intake with Tammy Wilson. We do NOT accept walk-ins.
- 4. If Client is on Medicaid, he/she is required to keep it active or communicate alternate payment sources.

Send All referrals to tammy.wilson@resada.net

For all questions contact Tammy Wilson Outpatient Supervisor at the number provided.

Office: 719-662-1089

Fax: 719-662-1091

Email: tammy.wilson@resada.net sarah.gist@resada.net

FOR ADMINISTRATION STAFF ONLY

Scheduled Intake Date _____

Time _____