



FAX REFERRAL FORM TO:  
307.632.3298 Wyoming  
970.372.6412 Colorado

QUESTIONS?  
Call 307.630.4729 WY, 970.888.4070 CO  
or email info@livhealth.org

FIND OUR REFERRAL FORM ONLINE: [LIVHEALTH.ORG/REFERRALS](http://LIVHEALTH.ORG/REFERRALS)

WHAT SERVICE(S) ARE YOU INTERESTED IN?

- COUNSELING
- PSYCHIATRY MEDICATION EVALUATION & TREATMENT
- CASE MANAGEMENT
- MEDICAL
- CAREGIVER
  - Homemaker Services
  - Respite Care
  - Socialization
  - Transportation
  - Dementia/Alzheimers Care

Referring Agency/Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Please include the following with the referral when available:**

- Demographic Sheet
- History and Physical (H&P)
- Discharge Summary

Patient Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Is patient currently receiving home care or other service?  Yes  No If yes, please explain

Number of people living in the home \_\_\_\_\_  Not Sure

Does the patient have any history of violence?  No  Yes If yes, please explain

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Information: