



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

WHAT SERVICES ARE YOU INTERESTED IN?

- COUNSELING** (All Locations)
 CASE MANAGEMENT (Wyoming Only)
 MEDICAL (All Locations)
 LIV MORE (Cheyenne & Laramie)

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 1: _____ Diagnosis 2: _____

Diagnosis 3: _____ Diagnosis 4: _____

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: _____

Notes: