ARROWHEAD HOUSE EAST IRTS REFERRAL INFORMATION FORM
Fax all information to: 218-724-7410

Today's Date:		Client Name:		Sex: M ☐ F ☐	
SS#:		MA#:		D.O.B.	
Client Current Location:		Client Phone:			
Person Referring:		Phone:			
County Case Manager		Case Mgr. Email:			
Case Mgr. Phone		Case Mgr. Fax:			
Psychiatric Care Provider:		Phone:			
Anticipated discharge from Hospital:					
Diagnoses Axis I:					
Diagnoses Axis II:					
Type of Commit:	☐MI ☐MI/CD ☐CD ☐MI&D				
Monthly Gross Income:		Income Source(s):	☐GA ☐SSI ☐RSDI		
Benefits:	☐MA Open ☐MA Pending ☐SMRT Pending				
Reductions to Income (amount and reason):		Rep Payee Name and Phone:			

THE FOLLOWING INFORMATION <u>WILL BE REQUIRED</u> PRIOR TO INTAKE:

	Current Diagnostic Assessment (must be less than one year old).
	Current medications list.
	If referent is on a stay of commitment or full commitment, a copy of the court findings which indicate the type of commitment/Jarvis as well as a copy of the provisional discharge.
	If referral does not have psychiatry set up in Duluth, MN, hospital will need to make appointment to refill meds.
	Completion of the following page to include goals while in placement and cultural and other considerations.

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Goal 1 (mental health goal)	
Goal 2	
Goal 3	
Goal 4	

Additional Information pertinent to IRTS placement (support system, cultural considerations, etc.):
