

Adult Rehabilitative Mental Health (ARMHS) SERVICE REQUEST

NAME		REFERRAL DATE	COURAGE KENNY REHABILITATION INSTITUTE Client Services Department PHONE 612-775-2475 FAX 612-262-6706 <i>-new fax number as of 8-4-14-</i>
DOB	Male or Female	MARITAL STATUS	
PHONE		2 ND PHONE	
ADDRESS			
CONSERVATOR/GUARDIAN		PHONE	
SCHEDULING CONTACT		PHONE	
EMERGENCY CONTACT		PHONE	
COUNTY			
MN Health Care Program #		HMO if applicable:	
*ETHNIC ORIGIN		*PRIMARY LANGUAGE	
<i>*Because we are partially funded by United Way, we ask for ethnic origin & primary language for reporting statistics.</i>			
PRIMARY PHYSICIAN		PHONE	
PSYCHOTHERAPIST		PHONE	
PSYCHIATRIST		PHONE	
MENTAL HEALTH/BRAIN INJURY DIAGNOSIS		ONSET	
		ICD-9 CODE	
SECONDARY DIAGNOSIS/DISABILITY		ONSET	
		ICD-9 CODE	
SPECIAL MEDICAL CONCERNS:			
Criminal History Yes or No			
CURRENT MEDICATIONS			
CASE MANAGER NAME		PHONE	
REFERRAL SOURCE		PHONE	
AREAS OF NEED			
<p align="center"> ATTACH RELEASE OF INFORMATION ATTACH MOST CURRENT MENTAL HEALTH DIAGNOSTIC ASSESSMENT, IF AVAILABLE _____ (✓) if Diagnostic Assessment Needed </p>			