



www.legacyoutreachservices.com

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## Referral Form

### REFERRAL SOURCE

Person Making  
Referral:

Relation to  
Client:

Phone Number:

Agency/Institution  
(If Any):

### REFERRAL INFORMATION

Date of Referral:

Time of Referral:

Care Was  
Provided (if yes  
include time):

Access was  
available but not  
seen:

Offered but  
declined  
appointment:

Nature of Referral

Scheduled within  
7 days of request  
but did not show:

1. Care Was Provided is defined as follows: The person had a face-to-face service (assessment and/or treatment) within the required target time frame. The time period is measured from the time that the 911 call or call to the LME's Access Unit/Service was received, or if the person was a walk-in, from the time that the person was determined to need this level of care.

2. Access Was Available But Not Seen is defined as follows: Access to face-to-face care was available within 2 hours of requesting services, but the person did not receive a face-to-face service within this time frame because the person was not available. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

3. Offered But Declined Appointment is defined as follows: The consumer was scheduled for an appointment for the appropriate level of care within the required target time frame but later called and rescheduled the appointment to a later date/time, or the consumer was offered one or more appointments at reasonable times within the target time frame but declined the appointment for personal convenience or necessity that it should be scheduled at a later time.

4. Scheduled Within 7 Days Of Request But Did Not Show is defined as follows: The consumer was scheduled for an appointment for the appropriate level of care within the required target time frame but did not show up for the appointment.

### CLIENT PERSONAL INFORMATION

Client Name:

Does client have  
insurance. If yes,  
policy number:

Client DOB:

Does the client  
have a guardian:

Name of Insurance:

### CLIENT CONTACT INFORMATION

Client Address:

Client Phone#:

Next of  
Kin/Guardian  
Contact  
Information:

## PRESENTING PROBLEM OR NEED

Circle All That Apply:

Intellectual Developmental Delayed

Mental Health

Substance Abuse

Diagnosis:

Current: Briefly explain the client's current problem or need and any pertinent past information we should know

## PROPOSED SERVICE DELIVERY TO MEET PROBLEM OR NEED

What service do you suggest is provided to client:

## OTHER RELEVANT INFORMATION

Include other information discussed during referral that could assist in planning services for client:

## EMERGENCY CONTACT

Name:

#:

Relationship:

Past: