



# HOW TO MAKE A REFERRAL

A referral for residential treatment may be made by anyone at any time. The following items are needed in order to determine eligibility for residential placement at Methodist Family Health.

**Patient Name:** \_\_\_\_\_

**City/County/State:** \_\_\_\_\_

**Referral Source Name and Phone Number:** \_\_\_\_\_

**Referral Source Company:** \_\_\_\_\_

**Recommended content of a referral packet includes:** \_\_\_\_\_

- A completed Outpatient Information for Inpatient Residential Referral Form
- A current medication list, including name and dosage
- PCP Referral
- Copy of Court Order, if the treatment is ordered by a judge

**Please fax the content of this packet to (501) 421-6879. Attention: Residential Referral Specialist.**

For additional information regarding residential placement at Methodist Family Health, please contact:  
Kirsten Bird, Residential Referral Specialist  
(501) 803-3388, ext. 8202  
1-866-813-3388 (toll-free)  
email: [kbird@methodistfamily.org](mailto:kbird@methodistfamily.org)

**To obtain a referral packet, including the required forms, please visit [www.methodistfamily.org](http://www.methodistfamily.org) and click on “forms” or call one of the phone numbers above.**