How to Make a Psychiatric Residential Treatment Center 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 psychiatric residential treatment center placement at Methodist Family Health.

Patient Name: __________________________________________________________

City/County/State: ______________________________________________________

Referral Source Name: __________________________________________________

Referral Source 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.
- Copy of court order if the treatment is ordered by a judge.

Please fax the content of this packet to 501-421-6477
Attention: Residential Referral Coordinator

For additional information regarding psychiatric residential treatment center placement at Methodist Family Health, please call 501-906-4337. You also can contact our residential mobile assessor at 501-218-4993.

To obtain a referral packet, including the required forms, please visit MethodistFamily.org or call one of the above numbers.