

AIM HEALTH

900 Shugart Road, Dalton, GA 30720
Office: 706.270.5071 Fax: 706.270.5079

AIM REFERRAL FORM

Referring Dept. /Location: _____	Date of Referral: _____
Individual Referring: _____	Phone: _____

Consumer Information

Last name: _____	First Name: _____
DOB: ___ / ___ / ___	Race: _____ Gender: _____
Address: _____	City: _____ State: <u>GA</u> Zip code: _____
Phone Number: _____	ROI Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self-Pay Insurance Type: _____	Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Health Diagnosis: _____	Secondary: _____
Medications: **Please include medications list from CareLogic**	
Medical History, Family History, Other: _____	

Program eligibility:

- Consumer must have a behavioral health diagnosis (can be dual diagnosis).
- If the consumer has a legal guardian, the guardian must sign consent to treat forms.
- Consumers Screening form completed prior to receiving services.
- Consumer must have a valid picture I.D.