RAISETOWN Care Connect

PERS Referral Form

To refer a client, please submit either a completed intake packet or this referral form. If submitting only the referral form, RCC will contact the client and/or designated contact person and provide an intake packet for completion.

Client Information

Date: _____

Full Name: _____

Phone: _____

Address: _____

DOB: _____

_____

Sex: _____

_____

Primary Physician: _____ Physician Phone: _____

Medical Condition: _____

Does the Client have a prescription for a PERS Device? _____

Referral Source:

Name: _____ Phone: _____

Agency: _____ Relationship to Client: _____

Email: _____

Does the client know a referral was made? Yes/No

PERS Referral Documents & Steps

☐ Send this completed form to Referrals@RAISEtownCareConnect.org

☐ Prescription Attached (if obtained)