



Mail, or Email to:
Wremlex Health Care LLC
11166 Fairfax Blvd, Ste 500, Fairfax VA
22030
Phone (202) 743 0955
contact.us@wremlexhealthcare.com

Wremlex Health Care Services LLC

Referral Form

www.wremlexhealthcare.com

Please submit the following information when requesting services.

Individual's Name: _____ D.O.B _____

Address: _____

Medicaid #: _____

ISP Dates: _____ TO _____ Quarterly Dates: _____

Diagnoses: _____

Brief Reason for Referral: _____

Support Coordinator's Name: _____ CSB: _____

Phone #: _____ Fax #: _____

E-mail: _____

Residential/Home Contact: _____ Phone: _____

Day Program/Work Contact: _____ Phone: _____

The following documents must be included:

- ISP; parts 1-4
- Psychological Evaluation
- Physical and PPD
- VIDES and SIS
- Annual Risk Assessment and RAT
- Choice of Medicaid form
- Release/disclosure form
- Guardian/POA (if applicable)
- VA Informed Choice form