



Chime Mental Health Services Therapy & ARMHS

(507) 461-0874 (call or text)

126 South Broadway Wells, MN 56097

www.chimementalhealth.com

ARMHS Referral Form

Please complete and return to Megan Johanneck to begin the intake process. You can reach her at megan.johanneck@chimementalhealth.com or (507) 461-0874 (call or text).

Client Information

Client Name

Date of Birth

Phone number

Client Address (please include mailing address if different)

Primary Insurance Name and ID Number

PMI Number

Employer

Marital Status

Email Address

Current Diagnosis

Referral Information

Referring Contact Person

Referring Contact Phone Number

County of Residence

Case Manager

Phone Number

Email Address

Other Providers and Contact Information (if known)

Current Services:

Current Treatment Team Members:

Other Applicable Information:

I, _____, give Chime Mental Health Services permission to verify my
insurance prior to admittance to the Chime Mental Health ARMHS Program.

Client Name

Client Signature

Date

Please include all applicable paperwork including:

Current Diagnostic Assessment (if completed)

Current Functional Assessment (if completed)

Current LOCUS (if completed)

Copies of Insurance Information, Identification Card

Release Forms (if available)