



**Assertive Community Treatment (ACT)
Referral Form**

Please choose the ACT service location you would like to send this referral to, in order for it to be processed at the correct location.

- 235 Civic Center Blvd. Houma, LA 70360
 102 W. 2nd Street. Thibodaux, LA 70301
 2407 Baronne St., New Orleans, LA 70113
 1505 N. Florida St., Covington, LA 70433
 9420 Lindale Avenue, Suite A, Baton Rouge, LA 70815

Participant:		DOB:	Date:
Primary Phone Number:		Alternative Number: ; <input type="checkbox"/> N/A	
Home Address:		City/State:	Zip Code:
Has Medicaid? <input type="checkbox"/> YES <input type="checkbox"/> NO	Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Medicaid Number:	
Bayou Health Plan:		Other Insurance/Medicare:	
Referral Source			
Referral Source Name:		Referral Completed by:	
Contact Number:		Email:	
Referral Information			
Reason for Referral:			
Psychiatric Diagnoses:			
Current Medications:			
History of Psychiatric Hospitalization:			
Are there current legal charges?			
Additional Comments:			
Office Use			
Referral Issues/Concerns:			
Status (Date assessed, admitted, or referred)?			
Referral Recipient:			