

Referral to Cheyenne Fire & Rescue Community EMS Program

Referring Person or Agency Information Agency or Your relationship to Name Referred **COMMUNITY EMS PROVIDES** Date Phone Information for The person being Referred • Filling the gap between hospital or ER discharge to Name of Are you the onset of Home Health or Referred referring other home services yourself? Gender • Educating patients about their medications and **Physical** medical conditions **Address** ☐ This person consents to this Connecting patients with Phone referral resources they need when and where they need it Reasons for referral ☐ Home Safety Inspection • Decreasing the chance of hospital readmissions and ☐ Fall Prevention Program unnecessary 911 calls ☐ Hospital or Emergency Room discharge follow up • Home safety assessments ☐ Chronic disease management ☐ Understanding and set up of medical equipment **Contact Us:** ☐ Addiction/Substance abuse ☐ Medication education & Reconciliation Phone (307) 637-6311 ☐ Medical needs/Wound care/labs/EKG/IV Support ☐ Mental health concerns/Stress management/Depression/Social Isolation M-F 8 AM to 5 PM ☐ Other: Office What do you think this person needs? Why are you referring them? **Cheyenne Fire Rescue Attn: Community EMS** 415 West 18th Street Cheyenne, WY 82001

Call (307) 637-6311 to reserve appointment, mail form to above address, or email completed form to <u>CFRMIH@cheyennecity.org</u>

For CEMS Use: Date and time referral was received and by whom:	
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