



Referral to Cheyenne Fire & Rescue Community EMS Program

Referring Person or Agency Information

COMMUNITY EMS PROVIDES

- Filling the gap between hospital or ER discharge to the onset of Home Health or other home services
- Educating patients about their medications and medical conditions
- Connecting patients with resources they need when and where they need it
- Decreasing the chance of hospital readmissions and unnecessary 911 calls
- Home safety assessments

Contact Us:

Phone

(307) 637-6311

M-F 8 AM to 5 PM

Office

**Cheyenne Fire Rescue
Attn: Community EMS
415 West 18th Street
Cheyenne, WY 82001**

Your
Name

Phone

Agency or
relationship to
Referred

Date

Information for The person being Referred

Name of
Referred

Are you
referring
yourself?

Date of
Birth

Gender

Physical
Address

Phone

☐ This person consents to this
referral

Reasons for referral

- ☐ Home Safety Inspection
- ☐ Fall Prevention Program
- ☐ Hospital or Emergency Room discharge follow up
- ☐ Chronic disease management
- ☐ Understanding and set up of medical equipment
- ☐ Addiction/Substance abuse
- ☐ Medication education & Reconciliation
- ☐ Medical needs/Wound care/labs/EKG/IV Support
- ☐ Mental health concerns/Stress management/Depression/Social Isolation
- ☐ Other: _____

What do you think this person needs? Why are you referring them?

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

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