

HEALTHWEST
(MUSKEGON COMMUNITY MENTAL HEALTH)

POST OVERDOSE RAPID RESPONSE TEAM (PORRT)
REFERRAL FORM

INSTRUCTIONS: This form is designed for EMS to refer patients who may be experiencing a substance abuse crisis and may benefit from specific clinical assistance and/or support in connecting to care. Please complete the form as accurately as possible.

REFERRAL SOURCE INFORMATION	
Today's Date:	
Reporting Agency:	
Name (Reporting Individual):	
Phone Number (Reporting Individual):	
Email:	
PATIENT INFORMATION	
Incident Number:	
Incident Date:	
Incident Time:	
Disposition by EMS:	<input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> TRANSPORTED TO HOSPITAL
Patient First Name:	
Patient Last Name:	
Patient Date of Birth:	
Patient Address:	
Patient Phone Number:	

Click here to submit:

OR alternatively save to your computer and email to lereferral@healthwest.net