Housing For Health – Rancho Los Amigos

Mobile Clinic Referral Form

Disclaimer: Do not enter protected health information (PHI) unless email is encrypted. PHI fields will be marked with asterisk (*). Please fill out all mandatory fields with red borders. The Mobile Clinic Program accepts referrals for clients with non-urgent medical or behavioral health concerns. If the client needs to be seen within 1 week due to an urgent condition, please arrange for alternative methods to addressing client's concern.

Examples of urgent conditions include, but not limited to, life threatening infections, worsening symptoms of heart failure such as shortness of breath or difficulty breathing, active withdrawals from opioids or alcohol, and recent ER or hospital discharge in need of urgent follow up

E-mail completed Mobile Clinic Referral Form to MobileClinics@dhs.lacounty.gov

Name of Referrer:

Name of Referring Agency:

E-mail: Phone #:

Service Planning Area: Date of Referral:

Reason for referral:

- ☐ Primary Care Services
- ☐ Wound Care / Urgent Care Services
- ☐ Medication Assisted Treatment (MAT) Services
- ☐ Contingency Management Program (Verified Substance Use Disorder)
- ☐ Consultation and Treatment
- ☐ Recommendations Behavioral health
- ☐ Other

Explain reason for referral:

Client Information *(Do not include unless email will be encrypted)**	
First Name:	Last Name:
Middle Name:	Date of Birth:
SSN #:	HMIS #:
Assigned Sex at Birth (Ex. Female or Male):	
Gender Identity (Trans woman, Non-Binary, man, etc.):	
Preferred Language:	

Address and/or Location (Location is a description of where to find the patient. Example: Underpass, to the left of the opening in the fence, etc.) Coordinates can also be input:

Client Description (Ex. Long Brown Hair, mustache, tattoos, etc.):

Primary Care Provider and/or Site of usual medical care (If applicable):

Client Medical Information:
List any know medical diagnosis, known surgeries or interventions, etc.:

List any known behavioral health issues or concerns, psychiatric diagnosis or hospitalizations.:

List any known medications (past or current):

Client Consent:

Further consent will be obtained by Mobile Clinic upon initial patent encounter.

☐ Does the referred client consent to sharing information with Mobile Clinic Staff?

☐ Does the referred client consent to receiving services from the Mobile Clinic Program?