



D.O.T.S. Directing Others To Services Referral Form

Patient Name:

Date of Birth:

Patient's Phone #:

Secondary Contact Phone #:

Patient's Address:

Reason for Referral:

Diagnoses: (Include any behavioral health)

Chief Complaint:

Dates of ED Visits in the past year:

Dates of Admission in the past year:

Payer Source/Insurance:

Comments:

Referral Submitted by:

Contact #

Agency

Date Submitted:

- FAX Referral Form to Pueblo Fire Department Office at (719) 553-2831
- Phone: (719) 553-2830
- Patient consent is not needed prior to OUTREACH referral. It is helpful and recommended for the patient to be notified of the Pueblo Fire Department Outreach program.