

**METRO PSYCHOLOGY SUPPORT SERVICES  
ADULT REHABILITATIVE MENTAL HEALTH SERVICES**

2550 UNIVERSITY AVE. W #163 S.  
ST PAUL MN 55114  
OFFICE: 651.645.7971 FAX: 855.933.2603

**REFERRAL FOR SERVICE**

NAME \_\_\_\_\_ CURRENTLY ENROLLED IN IRTS OR ACT? YES \_\_\_ NO \_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP CODE \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ DOB \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MEDICAID# (starts with a "0") \_\_\_\_\_ MEDICARE# \_\_\_\_\_ PMAP# \_\_\_\_\_

INITIAL DIAGNOSIS \_\_\_\_\_

LEGAL GUARDIAN (NAME): \_\_\_\_\_ PHONE: \_\_\_\_\_

**Please Note!** If the client has had a Diagnostic Assessment in the past **12 months**, please fax it to 855-933-2603. Insurance only covers 1 DA, per year, for the client. Has a DA been done in the past 12 months? YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE INDICATE AREAS THAT APPLY TO CLIENT**

FINANCIAL ASSISTANCE	YES NO	
EMPLOYMENT ASSISTANCE	YES NO	
EDUCATIONAL FUNCTIONING	YES NO	
SOCIAL FUNCTIONING	YES NO	
MEDICATION MONITORING/ED.	YES NO	
MEDICAL/DENTAL ASSISTANCE	YES NO	
MENTAL HEALTH NEEDS	YES NO	
SOBRIETY SKILLS	YES NO	
SELF-CARE	YES NO	
HOUSING	YES NO	
TRANSPORTATION SKILLS/ SERVICES	YES NO	
COMMUNITY RESOURCES	YES NO	
ARE THERE ANY SAFETY CONCERNS WE SHOULD BE AWARE OF BEFORE SENDING A MENTAL HEALTH PROVIDER TO THE CLIENT'S HOME? IF YES, PLEASE EXPLAIN	YES NO	

REFERRED BY \_\_\_\_\_ DATE \_\_\_\_\_

AGENCY \_\_\_\_\_ PHONE \_\_\_\_\_