Referral Form

218-820-7671

Please consider including the following documents with your referral:

recent evaluation (diagnostic assessment, neuropsychological, neurocognitive), releases, legal documents, discharge paperwork, current medication & supplement list

Referral Source Information

Date

Referrant Name

Agency

Phone

Email

Fax

Client Information

Name

Date of Birth

Legal Guardian

Phone

Email

Number belongs to:

Address

Insurance(s)

Services Requested

- ☐ Therapy
  - ☐ Individual
  - ☐ Couples & Relationship
  - ☐ Family
- ☐ Psychiatric Medication Management
- ☐ Comprehensive, Evidence-Based ADHD and Autism Assessment
  virtual - for ages 18+

Location

- ☐ Brainerd — 4642 Wilderness Court suite 103
- ☐ St. Cloud — 1411 W St. Germain Street suite 204
- ☐ Virtual — Telehealth
- ☐ Nisswa — 25282 Hazelwood Drive suite 1

Reason for Referral & Additional Information