



Acquire MHC Referral Form

Please complete the form in its entirety. If you would like to include any additional documents with your referral, (such as discharge paperwork, medical records, or release forms) please include them in your fax or email.

Referent Information

| | | | |
|----------------------|----------------------|--------------------------|----------------------|
| Referent Name: | <input type="text"/> | Referent Street Address: | <input type="text"/> |
| Telephone | <input type="text"/> | Fax | <input type="text"/> |
| Office Email Address | <input type="text"/> | | <input type="text"/> |

Client Information

| | | | |
|-------------------|----------------------|------------------------|----------------------|
| Client Name: | <input type="text"/> | Client Street Address: | <input type="text"/> |
| Client DOB: | <input type="text"/> | Client Phone Number: | <input type="text"/> |
| Client Insurance: | <input type="text"/> | | <input type="text"/> |

Services Being Requested:

(i.e. Individual, Couples, or Family Therapy, Substance Use, Anger Management, Peer Support, Domestic Violence, etc.)

Date Referral Completed:

Once form is completed, please email to info@acquirementalhealth.com or fax to 218-600-5500

