

Referral Form

Phone 218-820-7671 • Fax 218-600-5500



Therapy for real people
by real people.

Client Information

Client Name

Date of Birth

Phone

Phone number belongs to: Self Other:

Address

Email

Insurance

Member ID

Group #

Location

Virtual / Telehealth

In Person

Brainerd
4682 Wilderness Ct.

St. Cloud
107 Doctors Park

Therapy Services Requested

Individual

Couples

Family

Other:

Additional Information

Referral Source Information

Date of Referral

Referrant Name

Agency

Email

Phone

Fax

Please send over any additional documentation
Fax 218-600-5500 or Email: intake@acquirementalhealth.com

Documents you may want to include with this referral:
release forms, recent evaluation, discharge paperwork, or legal documents.