



# 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  
Neurodivergent Affirmation Testing  
*virtual - for ages 18+*  
Psychiatry-Medication Management

### Location

Brainerd 4642 Wilderness Court  
St. Cloud 107 Doctors Park  
Virtual Telehealth  
Nisswa 25282 Hazelwood Drive

## Reason for Referral & Additional Information