



Referral Form

(218) 820-7671

Please consider including the following documents with your referral:
recent evaluation, discharge paperwork, releases, legal documents

Referral Source Information

Date	Referrant Name
Agency	Phone
Email	Fax

Client Information

Name	Date of Birth
Legal Guardian	
Phone	Number belongs to:
Email	
Insurance(s)	

Location

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

Services Requested

Individual Therapy
Couples & Relationship Therapy
Family Therapy
Neurodivergent Affirmation
Testing ages 18+

Additional Information & Concerns