



FERNBROOK Family Center

2575 Harvest Lane NW, P.O. Box 977, Owatonna, MN, 55060
Phone: (507) 446-0431 Fax: (651) 925-0337 Email: intake@fernbrook.org

Referral Form

Date: _____

Client Name: _____ Date of Birth: _____

Legal Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ School: _____

Sex: _____ Culture/Ethnicity: _____

Gender: _____ Primary Language: _____

Pronouns: _____

If under the age of 18

Legal Guardian: _____ Legal Guardian: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Emergency Contact: _____ Phone: _____

Insurance

Primary Company Name: _____

ID Number: _____ Group Number: _____

Secondary Company Name: _____

ID Number: _____ Group Number: _____

Person Completing Form: _____

Reason for Referral:
