



# 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](mailto: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: \_\_\_\_\_ Referral Type : \_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Case Management
- SLMH
- Med Management
- Day Treatment
- Therapy
- Other \_\_\_\_\_