



Referral Form

Grand Rapids
1880 River Rd
Grand Rapids, MN 55744
218-327-3000(ph)

Grand Rapids Outpt
413 SE 13th St, Ste A
Grand Rapids, MN 55744
218-999-9908(ph)
218-999-9959(fax)

Deer River
313 E Main Ave
Deer River, MN 56636
844-466-3720(ph)
218-246-9849(fax)

Bemidji
4225 NW Technology Dr
Bemidji, MN 56601
218-751-0282(ph)
218-751-0870(fax)

Duluth
324 W Superior St, Ste 150
Duluth, MN 55802
218-733-3000(ph)
218-733-3079(fax)

Select One: Diagnostic Assessment Medication Management Individual Psychotherapy Family Therapy CD Services
 Children's Therapeutic Services and Support (CTSS) Adult Rehabilitative Mental Health Services (ARMHS)
 Targeted Case Management (TCM)

Referral Source (person's name):				Phone #:	
Client Name:			DOB:		SS#:
Address:			City:		County:
State:	Zip Code:	Home Phone: ()		Work Phone: ()	
Age:	Sex:	School:			Grade:
Ethnicity:			Tribal Affiliation:		Religion:
Check One:	Parent(s): <input type="checkbox"/>	Guardian(s): <input type="checkbox"/>	Name(s):		
Address:				Home Phone: ()	
City:		State:	Zip Code:	Work Phone: ()	
County:		Sex:	Relationship:		
Other Children Living in the Home		Age	Other Children Living in the Home		Age
1.			3.		
2.			4.		
Present Interventions/Services Being Provided to the Family					
Case Manager/Social Worker:			Children's Mental Health Worker:		
Outpatient Mental Health Agency:			Outpatient Mental Health Provider:		
C.D. Treatment Agency:			C.D. Treatment Provider:		
Probation Agency:			Probation Officer:		
Psychiatric Service Agency:			Psychiatric Service Provider:		
Current Foster Home:			Other Service Providers:		
Current Pharmacy:					

Current Family Situation:

Identified needs to be addressed and specific outcomes expected:

Below is intended for office use only

Referral Received Date:	M.A. <input type="checkbox"/> I.M. Care <input type="checkbox"/> Other <input type="checkbox"/> :	Ins. #:
Insurance Verification Date:	DA Requested: <input type="checkbox"/>	Date DA Requested:
Date Outside DA to MHP for Approval:	Assigned MH Practitioner:	
Developmental and mental health needs can be met by CTSS Services: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Ok to Open: <input type="checkbox"/>		