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### REFERRAL INTAKE FORM

**Service Requested** Diagnostic Assessment Individual Therapy Family Therapy Couples Therapy EAP Group

**Location** HRM VIR Tele In-Home School | **Therapist Requested:** \_\_\_\_\_

**Client Information**

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_ Employer / School (grade): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ VM ok  | Cell #: \_\_\_\_\_ VM ok  | Work #: \_\_\_\_\_ VM ok

Primary Caretaker (if minor): \_\_\_\_\_ Relationship: \_\_\_\_\_

Members of family or others living in the home:  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

**Parent / Legal Guardian Information (if minor)**

Please list Parents' names, addresses and phone numbers, if different from above:

Parent 1 or Mother: \_\_\_\_\_ Parent 2 or Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Custody arrangements if applicable: \_\_\_\_\_

**Referral Information**

Referral Source: \_\_\_\_\_ Agency/Division: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Current Social Services/Probation/Psychological Services involvement: \_\_\_\_ Yes \_\_\_\_ No

Explain: \_\_\_\_\_

Current DX: \_\_\_\_\_ Medications: \_\_\_\_\_

Reasons for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financially Responsible Party** Name: \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance** Aetna BCBS CIGNA HealthPartners Magellan Medica PreferredOne TRICARE UCare UHC/Optum

Type: Commercial (through employer) MNSure or Individual (self purchased) MHCP (govt programs ie. MA, MNCare) Supplemental

Medicare (number if applicable): \_\_\_\_\_

Employer \_\_\_\_\_ MHCP# (8-digit) \_\_\_\_\_ County responsible \_\_\_\_\_

Policy holder: \_\_\_\_\_ Member ID# \_\_\_\_\_ Group # \_\_\_\_\_

Policy holder DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Policy # if listed: \_\_\_\_\_ Customer Svc # \_\_\_\_\_

Client's Member ID, if different from Policy Holder's \_\_\_\_\_

**Other Payment Arrangements (if applicable):** \_\_\_\_\_