



Mental Health / Behavioral Health Services

Name of referred person		Birthdate	e Gender ∰ Ó Ô
Address			City
State	Zip Code	Phone	
Services you are seeking:	 Adult Rehabilitative Mental Health Services Mental Health Targeted Case Management Children's Skills Training or Behavioral Aide Psychotherapy 		O Diagnostic Assessment O Housing Stabilization Services O Behavioral Health Home Services O Other/Unsure
Primary diagnosis (if known)			
Reason for referral			
Current living situation:	O Private Home/Apt. O Foster Care O Board & Lodge	○ IRT○ RTC○ Nursing Home	O Homeless/Shelter O Jail/Prison O Other
Guardian (if any)			Phone
Case manager/agency (if any Name and agencies of other cur health/mental health care provid (Include Targeted Case Manager ACT, or Health/Behavioral Health Home)	ers nent nCare		Phone —
Insurance/health care type:	Medical AssistanceMinnesota CareVA	○ Medicare○ Private/Comm○ None	ercial
Insurance carrier:	Insu		nce ID number
Requested start date			
Name person making requ	est		Phone
Relationship to referred per	rson		_
How best to contact: (list whom to contact, days, hours times & phone numbers where it is best to reach them)	,		
Signature		Date	

Call with questions: Duluth & North Shore 218.724.3122 | Metro 612.254.4179 | Fax: 833.933.0639

Mail: 101 West 2nd Street, Duluth, MN 55802