Serenity Mental Health Services

225 3rd Ave NW Hutchinson, MN 55350
P: (320) 455-9888 F: (320) 587-5390
15 2nd St NW Buffalo, MN 55313
P: (320)455-9888 F: (320) 310-0983
admin@serenitymentalhealthservices.com

Program individual is being referred for: ☐ ARMHS ☐ CTSS ☐ THERAPY

Client Name: _____

DOB: _____ Age: _____ Sex: _____ Gender: _____

Address: _____

Parent/Guardian: _____

Race: _____ Ethnicity: _____

Client or Guardian Email Address: _____

Statement of Problem (please attach any documentation/background information which may be helpful):

_____

_____

_____

_____

_____

_____

Diagnosis (if known): _____

Foster Care Provider Name/Address (if Applicable): _____

Social Worker Name/Address: _____

Individual Therapist Name/Address: _____

Guardian ad Litem Name/Address: _____

Other Professionals: _____

Primary Insurance Company: _____ ○ MA ○ PMAP ◉ Commercial

Insurance ID#: _____ Group #: _____

Subscriber: _____ Subscriber DOB: _____

_____ _____

Date of Inquiry Person Completing Form/Relation to client

-Staff use only- Added to EHR: ☐ Scheduled: ☐ Documents Sent: ☐