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: ____________________ Phone Number: ___________________________________

Client or Guardian Email Address: ____

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

____

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____

____

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: