



Serenity

Mental Health Services

225 3rd Ave NW, Hutchinson, MN 55350
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):

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: