The Healing Place LLC
Peace Through Dignity
3101 Old Highway 8. Suite 104, Roseville, MN 55113
651-252-1175

REFERRAL FORM

DATE: _____

REFERRAL SOURCE

AGENCY: _____ COUNTY: _____

NAME: _____ PHONE _____

EMAIL ADDRESS_____

CLIENT'S NAME _____ DOB: _____

GENDER: _____ AGE ____ ETHNICITY _____

CURRENTLY ON PROBATION? YES NO

ADDRESS: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT (NAME AND NUMBER): _____

BEST WAY TO REACH CLIENT: _____

REASON(S) FOR REFERRAL (CHECK ALL THAT APPLY): INDIVIDUAL THERAPY GROUP THERAPY
HEALTHY SEXUALITY EDUCATION OTHER:

DOCUMENTATION INCLUDED: PSYCHOSEXUAL SENTENCING ORDER COMPLAINT ARREST REPORT ROI

OTHER

BILLING INFORMATION

primary insurance:

ID # GROUP # MEDICAID #

NAME OF INSURED RELATIONSHIP TO INSURED

INSURED: ☐ **YES** ☐ **NO** **IF YES, HOW WILL THERAPY SERVICES BE PAID?**