

Referral Form

Agency Information (Circle To or From)

1) TO FROM	2) TO FROM	3) TO FROM
Beltrami County Adult Services 616 America Ave NW, Ste. 330 Bemidji, MN 56601 Phone: 218-333-4223 Fax: 218-333-8307	UMMH PO Box 640 Bemidji, MN 56601 Phone: 218-751-3280 Fax: 218-751-3298	Hope House PO Box 1097 Bemidji, MN 56601 Phone: 218-444-6748 Fax: 218-444-8664
4) TO FROM	5) TO FROM	6) TO FROM
ODC 1219 Naylor Dr. SE Bemidji, MN 56601 Phone: 218-751-6001 Fax: 218-751-9189	I P S 1219 Naylor Dr. SE Bemidji, MN 56601 Phone: 218-751-6001 Fax: 218-751-9189	Vocational Rehab Services 616 America Ave, #240 Bemidji, MN 56601 Phone: 218-333-8209 Fax: 218-751-4458

Referral Date: _____ Signature of Referral Agency: _____

Who should be billed for services? (Circle) ODC, Voc. Rehab, County, Other: _____
 Please attach current DA, recent physical, criminal hx.

Client Information:

Criminal History: YES ___ Felony(s) ___ Misdemeanor(s) ___ Pending NONE

Client Name: _____

SS: _____ DOB: _____ Sex: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Marital Status: Single Married Divorced

If Guardian (Name): _____

Address: _____

1. Strength _____

2. Symptoms/Stressors - Check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Manic/hypomanic symptoms | <input type="checkbox"/> O.C.D thinking |
| <input type="checkbox"/> Decreased motivation | <input type="checkbox"/> A/V hallucinations | <input type="checkbox"/> Interpersonal problems |
| <input type="checkbox"/> Delusional thinking | <input type="checkbox"/> Poor judgement/insight | <input type="checkbox"/> Socially anxious/avoidant |
| <input type="checkbox"/> Chronic anxiety | <input type="checkbox"/> chemical abuse issues. (kind(s) _____) | |
| <input type="checkbox"/> Anger management problems | <input type="checkbox"/> Sleep problems | |
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> paranoia | |

2. Treatment

- Therapist
- Dentist
- Primary Dr.
- Medication provider
- Housing issues
- CD outpatient services
- Interpreter (specify _____)
- Voc. rehab funding/testing
- ODC-employment planning (Coaching)
- Other needs (Specify _____)
- Case management (list reasons _____)

ARMHS

- Budgeting skills
- Cooking & Nutrition
- Relapse prevention skills
- Household management
- Employment related skills
- Interpersonal skills
- Transportation skills
- Healthy lifestyle skills
- Medication monitoring
- Communication resource skills