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 Park Rapids, MN 56470  
 Phone: 218-366-9229  
 Fax: 218-237-2520

1426 Bemidji Ave NW  
 Bemidji, MN 56601  
 Phone: 218-444-2233  
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11 Main Street NW  
 Menahga, MN 56464  
 Phone: 218-564-9229  
 Fax: 218-237-2520

## Lake Country Associates

### Adult Rehabilitative Mental Health Services (ARMHS) Referral Form

Person Making Referral: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client Phone: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_

Client Address: \_\_\_\_\_

Referral to which ARMHS Team:  Park Rapids  Bemidji

DA Completed by: \_\_\_\_\_ DA Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Mental Health Case Manager Name: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_  No Assigned Mental Health Case Manager

- Client Goal Areas:
- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Medical    | <input type="checkbox"/> Dental        | <input type="checkbox"/> Chemical Use              |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Education     | <input type="checkbox"/> Housing                   |
| <input type="checkbox"/> Financial  | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Independent Living Skills |

Other (please list): \_\_\_\_\_

Is referring Clinician willing to participate in treatment planning with client, ARMHS Clinical Supervisor and ARMHS Practitioner:  Yes  No

Funding Source:  MA  CSP Other: \_\_\_\_\_

**\*\*\*Please Fax Completed Referral Form to: 218-237-2520\*\*\***

----- For LCA Use -----

Funding Verified by: \_\_\_\_\_ Date Verified: \_\_\_\_\_

LCA Client ID: \_\_\_\_\_

Client Assigned to (Practitioner): \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_