11 NW Main Street
Menahga, MN 56464
218 564-9229 phone
218 237-2520 fax

Substance Use Disorder Services Referral Form

Today's Date: _____ Referring Program: _____ Referring Person: _____

Why Referring? _____

_____

Client Name: _____ DOB: _____ Contact #: _____

Address: _____ City: _____ Homeless? Yes/No

IV Drug User? ☐ Yes ☐ No Pregnant? ☐ Yes ☐ No

Previous: ☐ Diagnostic Assessment ☐ Rule 25 Assessment ☐ Comprehensive Assessment

Where: _____ When: _____ If yes, we will need a copy

Where: _____ When: _____ If yes, we will need a copy

Court Ordered? ☐ Yes ☐ No County: _____

Probation Officer? ☐ Yes ☐ No Who: _____ County: _____

Case Manager? ☐ Yes ☐ No Who: _____ County: _____

CHIPS Worker? ☐ Yes ☐ No Who: _____ County: _____

Primary Insurance _____ Secondary Insurance _____

Current Providers:

Who? _____ Where? _____ For? _____

Who? _____ Where? _____ For? _____

Who? _____ Where? _____ For? _____

Any transportation barriers? ☐ Yes ☐ No Explain: _____

---------- For LCA use Only ----------

SUDS Date Reviewed: _____ Accept or Refer Assigned Clinician: _____

Scheduled On: _____ Site: _____ Service Type: _____