



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 #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Homeless:  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ 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 Who: \_\_\_\_\_ County: \_\_\_\_\_

Probation Officer  Yes  No Who: \_\_\_\_\_ County: \_\_\_\_\_

Case Manager  Yes  No Who: \_\_\_\_\_ County: \_\_\_\_\_

CHIPS Worker  Yes  No Who: \_\_\_\_\_ County: \_\_\_\_\_

Primary Insurance \_\_\_\_\_ ID: \_\_\_\_\_ Secondary Insurance \_\_\_\_\_ ID: \_\_\_\_\_

Current Providers:

Who: \_\_\_\_\_ Where: \_\_\_\_\_ For: \_\_\_\_\_

Who: \_\_\_\_\_ Where: \_\_\_\_\_ For: \_\_\_\_\_

On Sex Offender Registry? (Enter Level):  1  2  3  No OFP/Harassment Order in place:  Yes  No

Any transportation barriers:  Yes  No Explain: \_\_\_\_\_

SUDS Date Reviewed: \_\_\_\_\_  Accept  Refer Assigned Clinician: \_\_\_\_\_

Scheduled On: \_\_\_\_\_ Site: \_\_\_\_\_ Service Type: \_\_\_\_\_