

Fax: 218-237-2520

LAKE COUNTRY ASSOCIATES, INC.

515 Bridge Street East, Park Rapids, MN 56470 ph: 218-366-9229
1426 Bemidji Ave NW, Ste 1 Bemidji, MN 56601 ph: 218-444-2233
11 Main Street East Menahga, MN 56164 ph: 218-564-9229

Referral Form

Name of person making referral:		Date:
Agency:		
Client Name:	Date of Birth:	
☐ male ☐ female ☐ If minor, name of legal gu	uardian:	
Client/guardian Home #	Cell #	
Best Time to Contact:		
Client Address:		
Services Requested: ☐ Initial Assessment	☐ Resume therapy	☐ Crisis
☐ Psychological Testing	☐ Other	
Location Preferred: Park Rapids	☐ Bemidji	☐ Menahga
Describe concerns:		
Primary Insurance:	Secondary Insurance:	
Before cutting, fax this form and R	elease of Information to L	CA at 218 237-2520
	and give to patient $\ \cdot \ \ imes$	*
APPT SCHEDULED WITH:	Date/Time:	

Lake Country Associates, Inc.
Mental Health Services
515 Bridge St East / PO Box 806
Park Rapids, MN 56470
218 366-9229

North

Hwy 34 East

- * Please arrive 30 minutes prior to your appointment to complete paperwork
- * Please bring your insurance card and a printout of your current medications.
- * Cancellations require 24-hour notice