



515 Bridge Street East
Park Rapids, MN 56470
218 366-9229 phone
218 237-2520 fax

Referral Form

Name of person making referral: _____ Date: _____

Agency: _____

Client Name: _____ Date of Birth: _____

male female If minor, name of legal guardian: _____

Client/guardian Home # _____ Cell # _____

Best Time to Contact: _____

Client Address: _____

Services Requested Initial Assessment Resume therapy Crisis
 Psychological Testing Other _____

Describe concerns: _____

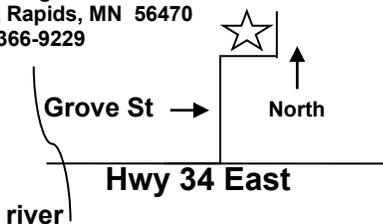
Primary insurance _____ Secondary insurance _____

Before cutting, fax this form and Release of Information to LCA at 218 237-2520

Cut Here and give to patient - - - - -

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



- * 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