Substance Use Disorder Services

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

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 Which 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: _____

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

Scheduled On: _____ Site: _____Service Type: _____