

# Five Rivers Mental Health Clinic LLC

1650 Madison Ave., Ste. 102, Mankato MN 56001

Phone: 507-345-7012

Fax: 507-388-6937

## CTSS Referral Form

### Referral Source Information

Name & Agency:	Phone:
Email or Fax:	Referral Date:
How did you hear about Five Rivers?	

### Client Information

Name:	DOB & Age:
Address:	Gender:
Phone:	Race/Ethnicity:
Insurance:	

### Parent or Guardian Information

Name:	Phone:
Relationship:	Email:

### Mental Health Information

Current mental health services:
Current medications:
Current diagnosis:

A signed/dated consent for release of information is attached to this referral (required).

**Date of most recent diagnostic assessment:** \_\_\_\_\_

*(please note: if most recent DA was completed more than 11 months ago, an updated DA will be required before client can begin services)*

### Reason for Referral

Please describe current treatment and potential goals to be addressed through skills training

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Other Relevant Information (including other supports such as social worker, GAL, individual therapist)

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**Please fax completed referral form to 507-388-6937**

### Office Use Only

Date Received	Referral Source Contacted Y / N	Date:
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