



REFERRAL FORM

- 1600 University Avenue W #12, St. Paul, MN 55104
- 1310 Hwy 96 E, Suite 200, White Bear Lake, MN 55110
- 1360 Energy Park Drive, Suite 340, St. Paul, MN 55108
- 7582 Currell Boulevard, Suite 208, Woodbury, MN 55125

Patient Information	First Name	Middle Initial	Last Name	
	Street		City	State Zip (required)
	Date of Birth	Parent/Guardian Name		
Contact Information	Home Phone		Work Phone	
	Cell Phone		Email	
Insurance Information if known	Carrier	Insurance ID		
	Insurance Subscriber Name & DOB		Subscriber Relationship	
Referring Agency	Agency Name		Agency Address	
	Contact Name	Phone Number	Fax	
Reason for Referral				

Please include the following attachments when sending referrals if possible:

- Completed referral form (*required*) Last progress note
- Medication list Medical records (if applicable to referral)

Referral Authorizations: This section is to be completed by the authorizing patient or parent/guardian. Please read and initial the authorization statement below to allow communication between the two agencies regarding this referral.

	I hereby authorize _____ (name of agency) and Natalis Counseling & Psychology Solutions to exchange my Protected Health Information (PHI).
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Patient Signature

Date

Parent or Guardian of Patient's Signature

Relationship to Patient

Date

FAX COMPLETED FORM TO 651-646-3959

For further assistance, please contact us directly at 651-646-8985