



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).
--	---

Patient Signature

Date

Parent or Guardian of Patient's Signature

Relationship to Patient

Date

FAX COMPLETED FORM TO 651-379-5159
For further assistance, please contact us directly at 651-379-5157