Natalis
Counseling & Psychology Solutions

REFERRAL FORM

☐ 1600 University Avenue W #12, St. Paul, MN 55104
☐ 1360 Energy Park Drive, Suite 340, St. Paul, MN 55108
☐ 7582 Currell Boulevard, Suite 114, 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