



1420 N. State Street
Fairmont, MN 56031
Phone: 507-235-6070
Fax: 855-847-9876

Referral Form

Client Information

Name: _____ DOB: _____

Sex: Male Female Address: _____

Phone Number: _____
Home/Cell/Work/Other City, State, Zip Code

Okay to Leave Msg/Contact about Appt.? – Y / N _____
Parent/Legal Guardian Name (if under 18)

Services Requested:

- Individual Therapy
 Couples/Family Therapy
 Psychiatric Services/Medication Management (For ages 4+, delivered via telehealth)
For what specific issue are you referring? (Examples include anger management, anxiety, depression, issues at school, relationships, parenting trauma, etc.) _____

- Men's Domestic Violence Group (Duluth Model)
 Psychological Testing: What questions or concerns need to be answered? _____

Is this Court Ordered? Yes (Please provide court order) No

Referral Source Information (Please include a signed release of information if we need to contact you)

Name Organization

Address Phone Number

City, State, Zip Code Fax Number

Email Address

Insurance Information: Please provide insurance information (if available) and a copy of insurance cards (if available)

Primary Company: _____ ID: _____

Policy Holder and DOB: _____

Ins. Co. Phone # _____ Group: _____

Secondary Company: _____ ID: _____

Policy Holder and DOB: _____

Ins. Co. Phone #: _____ Group: _____

Please complete and submit to:

Eunoia Family Resource Center
1420 N. State Street
Fairmont, MN 56031
Fax: 855-847-9876