

Office Use Only

Zumbro Valley Mental Health Center Referral Application

Send all referrals to: Central Intake, 343 Woodlake Drive SE, Rochester, MN 55904
Phone: 507-289-2089 Fax: 507-289-2327

Check all applicable programs

Community Support Programs

- Day Treatment
- Skills classes (ARMHS)
- ICRS
- Outreach
- Fillmore County Programs

Housing Options

- Homeless Services Team
- Housing Options
- Residential Treatment
- Thomas House

Psychiatry/Psychotherapy

- Outpatient Chemical Health
- Outpatient Mental Health
- Adult Psychiatry
- Child Psychiatry
- Med Options II
- Adult Mental Health
- Child Mental Health

Recovery Programs

- Recovery Basics
- Recovery Partners
- PREP
- Right to Recovery
- Choices/DWI (circle)
- Chronic CD/homeless
- Other _____

Note: Case management referrals go through OCDSS at 507-285-7009.

Referral Source (print)

Referral Address/Agency

Phone

Date

Client Name: _____ Date of Birth: _____

Address: _____
Number Street City State Zip Code

Phone: _____ Marital Status: S M Sep D W Children __ County _____

Education: _____ Employment Status: _____

Gender: _____ Ethnicity: _____

Reason for Referral: _____
(issues, symptoms, stressors)

Current Diagnosis Information (attached current Dx assessments)

DSM IV Mental Health/Chem Abuse/ Dependency	AXIS 1	1. _____	Code: _____
		2. _____	Code: _____
	AXIS 2	1. _____	
		2. _____	

Current Medications:		

Allergies: _____		

Psychiatrist: _____	Agency: _____	Phone: _____
Therapist: _____	Agency: _____	Phone: _____
Physician: _____	Agency: _____	Phone: _____
Case Manager: _____	Agency: _____	Phone: _____
Financial Worker: _____	Agency: _____	Phone: _____
Other (probation, A/T, clergy): _____		Phone: _____
Past treatment (previous 2 years): _____		

Psychiatric (inpatient, outpatient, residential)		

Chemical Dependency (inpatient, outpatient, residential)		

Alcohol/drug abuse: _____	Past suicide attempts _____	
Victim physical abuse: _____	History of fire setting: _____	
History of self-abuse _____	Homeless or at risk: _____	
History of assaultive behavior: _____	Probation (until _____): _____	
History of sexual abuse: _____	P.D. (until _____): _____	
Legal issues: _____	Commitment history: _____	
History of homicidal thoughts or verbal threats: _____	Stay of commitment: _____	

Medical concerns/needs:					

Date of last physical exam: _____		Location: _____			
Concerns about current living arrangement: _____					
Source of income (circle):	SSI	SSDI	GA	VA	Wages
Health insurance (circle):	Medicare	Medicaid	Other:	_____	
Total monthly income: _____	Social Security Number: _____				
County of Financial Responsibility: _____	MA Number: _____				
Additional Information: _____					

Please attach Diagnostic Assessment if available and return to Zumbro Valley program central intake.