



150 10th St NW, Suite 2, Milaca, MN 56353
P: 320-983-2335 | F: 651-342-8029
www.lighthousecfs.com

CLIENT REFERRAL FORM

Client Information

Client Name: _____ Preferred Name: _____
Date of Birth: _____ Sex: _____ Gender: _____ Race: _____
Address: _____
Address is: _____ Client Lives With: _____
Insurance Company: _____ Date Insurance Began: _____
Primary Client Policy ID#: _____ Group #: _____
Policy Holder Name: _____ Policy Holder Date of Birth: _____
Policy Holder ID#: _____ Group #: _____
(Adult Client Only): Phone number: _____ Email Address: _____

Custodial Information

Caregiver 1: _____ Relationship: _____ Date of Birth: _____
Address: _____
Phone #: _____ Email Address: _____
Legal Custody %: _____ Physical Custody %: _____
Caregiver 2: _____ Relationship: _____ Date of Birth: _____
Address: _____
Phone #: _____ Email Address: _____
Legal Custody %: _____ Physical Custody %: _____

Other Relevant Custody Information (please specify if above caregivers are not biological parents):

Referral Source

Referred by (name/phone): _____ Today's Date: _____
Referring Agency: _____
Reason for Referral: _____

Service/Program

- | | | |
|---|--|---|
| <input type="checkbox"/> Diagnostic Assessment | <input type="checkbox"/> CSP/CSP Group | <input type="checkbox"/> School-Linked Behavioral Health |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> ARMHS/ARMHS Group | <input type="checkbox"/> Day Treatment - Children's Program |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> DBT - Adult Program | <input type="checkbox"/> Day Treatment - Preschool Program |
| <input type="checkbox"/> Couples/Marriage Therapy | | |

Current/Past Services: _____

Current Provider (if applicable): _____

DISCLAIMER: This referral will not be processed without the proper accompanying documentation that may include, but is not limited to, necessary release(s) of information (ROI) forms and guardianship/custody documentation. Submit documentation via:

EMAIL: intakes@lighthouse.health
FAX: 651-342-8029
UPLOAD: LCFS Website → Forms → Upload Form