

**PEDIATRIC MENTAL HEALTH PROGRAM**

**REFERRAL FORM**

Mino Bimaadiziwin Wellness Clinic  
2115 Cedar Ave S., Minneapolis, MN 55404  
PH: (612) 463-9224 | FAX: 612-416-2093 | www.rlpmh.org |

**CHILD/CLIENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Gender Pronouns: \_\_\_\_\_  
Tribal Affiliation: \_\_\_\_\_  
Descendent or Enrolled: \_\_\_\_\_  
List Additional Race(s): \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Attends: Baby's Space  Bdote Learning Center  South High School

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian aware of the referral:  Yes  No  
Mother (First/Last Name): \_\_\_\_\_  
Father (First/Last Name): \_\_\_\_\_  
Guardian (First/Last Name): \_\_\_\_\_  
Legal documentation of Guardianship:  Yes  No  
Phone: \_\_\_\_\_ Ok to text or leave voicemail? Yes  No  Best time to call \_\_\_\_\_  
Email: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Whom to contact for scheduling (Name and Phone Number): \_\_\_\_\_

**REFERRAL SOURCE**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Phone Number of Referral Source: \_\_\_\_\_

**REASON FOR REFERRAL**

\_\_\_\_\_  
\_\_\_\_\_

**LEGAL INVOLVEMENT**

Is referral court ordered: Yes  No  Child Protection Involvement: Yes  No   
County or tribe of court order: \_\_\_\_\_  
Workers Name and Phone Number: \_\_\_\_\_

**MENTAL HEALTH HISTORY**

Recent Mental Health Provider(s): \_\_\_\_\_  
Last Date of Diagnostic Assessment: \_\_\_\_\_

*The information contained in this form is privileged and confidential information. If you are neither the intended recipient nor the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the content of this telecopied information is strictly prohibited. When sending this form, always attach the patient's current consent form.*