Hoffmann Counseling Services
St. Peter—New Ulm—Waseca--Mankato
Main Phone # (507)484-2400
SEND ALL REFERRALS TO FAX NUMBER (507)354-2445

Intake

Referral Source:		
Name/Title:		Date:
Agency:		Phone:
Address:		
Email:		Fax:

Eligible Participant:				
Legal Name:		Date of Birth:		
Preferred Name:		Gender Assigned At Birth:	☐	Female
			☐	Male
Address:		Pronouns:		
Phone:				
Email:				
Emergency Contact:	Relationship:	Phone Number:		

Ethnicity:							
☐	White	☐	Black	☐	African American	☐	Asian
☐	Hispanic	☐	Non-Hispanic	☐	Native Hawaiian/Other Pacific Islander		
☐	American Indian/Alaskan Native Tribe:			☐	Other:		
Primary Language:				Interpreter Services:			

Guardian 1 ☐ NA		Guardian 2 ☐ NA	
Name:		Name:	
Address:		Address:	
Email: Client portal access		Email: Client portal access	
Phone:		Phone:	
Other significant person:			

Household Members:		
Name	**Age/DOB**	**Living in the home?**

Allergies:	
Medical Considerations:	
DSM-5 Diagnosis (if applies):	

Case Manager:		**Phone:**
Probation:		**Phone:**
Therapist:		**Phone:**
Psychiatrist:		**Phone:** **Location:**

Insurance:			
Insurance Company Name:			
Insurance Company Phone:			
Subscriber ID Number:			**Group Number:**
Payer ID:			
Subscriber Name:			**Subscriber DOB:**
Subscriber Address:			
Subscriber Relationship:			
County Pay:		**Yes** **No**	**County:**
Medical Assistance:		**Yes** **No**	**MA Number:**

Previous Providers, Assessments, School Reports, or Evaluations		
Contact Name	Clinic & Address	Phone

Reason for Referral (fill in text box):

Service Requested (check all that apply):			
	Diagnostic Assessment		Trauma Focused Services
	Individual Therapy		Family Therapy
	Parenting		CTSS (Skills Training/Rehabilitative Services)
	Play Therapy		ARMHS (Adult Rehabilitative Mental Health Services)
	Birth to Five Assessment/Therapy		Other:
	Teletherapy (please add email address)		

Please attach the following documents as available:			
	Recent Social History		Recent Psychological Assessment
	Police Reports		Copy of Court Orders
	School Records (IEP)		Any Other Relevant Information
	Current Diagnostic Assessment		Releases of Information
	Current Insurance Card (Front & Back)		

How did you hear about Hoffmann Counseling Services?

***Please Fax completed form to (507) 354-2445**