

Compass North

502 10th Street SE Grand Rapids, MN 55744

(P) (218)999-0051 (F) (218)999-7020 admin@compassnorthmn.com

Adults Rehabilitative Mental Health Services (ARMHS) – Referral Form

Client must be 18+, an Itasca County resident, have MA, IMCare, Health Partners, U-Care or MA eligible and have a diagnosis of mental illness with at least 3 areas of functional impairments. Blue Cross Blue Shield, Preferred One, and Medica require authorization for eligibility of services.

Referral Information

Referral Source - Name:	Agency:
Phone:	Email:
Diagnosing Clinician:	Agency:
Diagnostic Assessment Date:	Phone:
SPMI Diagnosis:	

Current DAs that are more than 1-year-old will require an update. ARMHS services cannot begin until the DA is updated and complete. Please contact us if you need assistance in getting a Diagnostic Assessment for the referred client.

Client Information

Client Name:	DOB:		
Address:			
City:	State:	Zip Code:	County:
Phone:	Age:	Gender:	

Insurance Information

Insurance:

Policy Number:	Group Number:
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Guardian Information (if applicable)

Name(s):			
Address:	City/State:	Zip:	County:
Home Phone:	Mobile:	Other:	

Medical / Mental Health Providers

Providers	Name	Agency
Psychologist/ Therapist		
Primary Care Physician		
Psychiatry/ Medication Manager		
Case Manager		

Functional Impairments - Please check any that apply

- | | |
|--|---|
| <input type="checkbox"/> Symptoms | <input type="checkbox"/> Self-care/Independent Living |
| <input type="checkbox"/> Mental Health Service Needs | <input type="checkbox"/> Medical Health |

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- | | |
|--|---|
| <input type="checkbox"/> Use of Drugs or Alcohol | <input type="checkbox"/> Dental Health |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Financial Health |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Social Functioning | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Interpersonal Functioning | |

Basic Living Skills - Please check any that apply

- | | |
|--|--|
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Vocational/ Educational |
| <input type="checkbox"/> Meal Planning | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Obtaining and Maintaining Housing | <input type="checkbox"/> Obtain/ Maintain Financial Assistance |
| <input type="checkbox"/> Household Management | <input type="checkbox"/> Medical/ Dental Health |
| <input type="checkbox"/> Self-Care | <input type="checkbox"/> Children's Needs |

Social Skills/ Crisis Assistance and Community Intervention - Please check any that apply

- | | |
|--|--|
| <input type="checkbox"/> Social Functioning/ Leisure Time | <input type="checkbox"/> Mental Health Service Needs |
| <input type="checkbox"/> Interpersonal Relationship Skills | <input type="checkbox"/> Medication Education |
| <input type="checkbox"/> Mental Health Symptom Management | <input type="checkbox"/> Chemical Health |

What are your goals for the client in ARMHS?

What are the client's goals and motivations for ARMHS?

Service preferences (i.e., male/female worker, time of day) and/or special accommodations

Please send the completed entire referral form, diagnostic assessment, and a current release of information to Compass North. Information can be sent via fax at 218-999-7020 or email to admin@compassnorthmn.com.