

# Compass North

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## Chemical Health– Referral Form

### Referral Information:

Referral Source - Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comprehensive Assessor (if completed): \_\_\_\_\_ Agency: \_\_\_\_\_

Comprehensive Assessment Date (if completed): \_\_\_\_\_ Phone: \_\_\_\_\_

**Comprehensive Assessments must be current (competed within 6 months of referral) to qualify client for program.**

### Client Information:

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### Guardian Information (if applicable):

Guardian Name (s): \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other: \_\_\_\_\_

### Reason for Referring:


### What Services Referring for:


Please send the completed entire referral form, Comprehensive Assessment (if completed), and a current release of information (if possible) to Compass North. Information can be sent via fax at 218-999-7020 or email to [admin@compassnorthmn.com](mailto:admin@compassnorthmn.com).