

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 (completed 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.