

Compass North

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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: _____

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

- Symptoms
- Mental Health Service Needs
- Use of Drugs or Alcohol
- Vocational
- Educational
- Social Functioning
- Interpersonal Functioning

- Self-care/Independent Living
- Medical Health
- Dental Health
- Financial Health
- Housing
- Transportation

Basic Living Skills - Please check any that apply

- Budgeting
- Meal Planning
- Obtaining and Maintaining Housing
- Household Management
- Self-Care
- Vocational/ Educational
- Transportation
- Obtain/ Maintain Financial Assistance
- Medical/ Dental Health
- Children's Needs

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

- Social Functioning/ Leisure Time
- Interpersonal Relationship Skills
- Mental Health Symptom Management
- Mental Health Service Needs
- Medication Education
- 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.