



1400 Madison Ave
Suite 628
Mankato, MN 56001
Phone: 507-779-7366
Fax: 507-235-6074

Referral Form

(For the Mankato office only)

Client Information

Name: _____ DOB: _____

Gender: Male Female Address: _____

Phone Number: _____
Home/Cell/Work/Other City, State, Zip Code

Okay to Leave Msg/Contact about Appt.? – Y / N _____
Parent/Legal Guardian Name (if under 18)

Services Requested: Individual Therapy Couples/Family Therapy Child Psychiatry
Groups: Men's Anger Management Women's Anger Management
 Juvenile Anger Management Men's Domestic Violence Group (Duluth Model)
 DBT-Inspired Skills Class
 Psychological Testing: What questions or concerns need to be answered?

Court Ordered? Yes (Please provide court order) No

Referral Source Information (Please include a signed release of information if we need to contact you)

Name Organization

Address Phone Number

City, State, Zip Code Fax Number

Email Address

Insurance Information: Please provide insurance information (if available) and a copy of insurance cards (if available)

Primary Company: _____ ID: _____

Policy Holder and DOB: _____

Ins. Co. Phone # _____ Group: _____

Secondary Company: _____ ID: _____

Policy Holder and DOB: _____

Ins. Co. Phone #: _____ Group: _____

Please complete and submit to:

Eunoia Family Resource Center
1400 Madison Ave.
Suite 628
Mankato, MN 56001
Fax: 507-235-6074