



Behavioral Health Referral Form

Basic Information

Name _____ Date: _____

Address: _____ Phone: _____

Please check all needs that apply at this time.

Employment	Education	Housing	Cash & Food	Energy Asst.	Medical Asst.	CD Services	Behavioral Health

Leech Lake Health Division Behavioral Health Mission Statement

The Leech Lake Health Division Behavioral Health Program is integrated into Primary Care Clinics with a mission to assist clients/patients who are experiencing violence and/or intimate partner violence. Our goal is to support resource and assist the client/patient with as many resources needed to help direct their road to wellness. We will strive for the well-being of our clients which includes Primary Healthcare, Behavioral Health Services and community resourcing.

Staff Assisting with Referral _____ Date _____

Client Signature _____ Date _____

(By signing this form you the client are acknowledging assistance for behavioral health services)

***Please send this form to Karen Anoka at HD2 building, 218-335-7211. Or fax to 218-335-4560**