



ST. PETER COUNSELING CENTER

(Division of Leo A. Hoffmann Center)
108 Minnesota Avenue, Suite 102
Post Office Box 60
St. Peter, MN 56082
Phone: (507)-484-2400
Fax: (507)-934-5220

Outpatient Referral/ Registration

Date: _____ Name/Title: _____
Agency: _____ Address: _____
Phone #: _____ Fax #: _____
Email: _____

Eligible Individual: _____ DOB: _____
Primary Address: _____
Phone: _____
Partner (if applies): _____
Guardian(if applies): _____

Household members:

Name/Relationship	Age/DOB	Living in the home?

Emergency contact name and phone: _____
Culture/Ethnicity: _____ Primary Language: _____
Social Security Number: _____ Preferred Name (nickname): _____
Allergies: _____
Medical Considerations: _____

DSM-5 Diagnosis (if applies):

Case Manager: _____ Phone: _____
Probation: _____ Phone: _____
Therapist: _____ Phone: _____
Psychiatrist: _____ Clinic: _____
Address: _____ Phone: _____

Insurance Company Name: _____

Insurance Company Phone: _____

Subscriber ID Number: _____ Group Number: _____

Subscriber Name: _____ Subscriber DOB: _____

Subscriber Address: _____

Subscriber Relationship to individual: _____

County Pay: Yes No County: _____

Medical Assistance: Yes No MA Number: _____

Other agencies or interested parties:

Contact Name	Clinic & Address	Phone

Reason for Referral (fill in text box):

Service Requested (check all that apply):

- | | |
|--|---|
| <input type="radio"/> Diagnostic Assessment | <input type="radio"/> Psychosexual Assessment |
| <input type="radio"/> Psychological Assessment | <input type="radio"/> Trauma Focused Assessment/ TF-CBT |
| <input type="radio"/> Family Therapy | <input type="radio"/> Outpatient Sex-specific Treatment |
| <input type="radio"/> Individual Therapy | <input type="radio"/> Group Therapy |
| <input type="radio"/> Play Therapy | <input type="radio"/> Other: _____ |

Please attach the following documents as available:

- | | |
|---|---|
| <input type="radio"/> Recent Social History | <input type="radio"/> Recent Psychological Assessment |
| <input type="radio"/> Police Reports | <input type="radio"/> Copy of Court Orders |
| <input type="radio"/> School Records (IEP) | <input type="radio"/> Any Other Relevant Info. |
| <input type="radio"/> Current Diagnostic Assessment | <input type="radio"/> Releases of Information |
| <input type="radio"/> Copy of Current Insurance Card (Front & Back) | |

How did you hear about St. Peter Counseling Center? _____
