AMHERST H. WILDER FOUNDATION

REFERRAL FORM FOR SOUTHEAST ASIAN SERVICES ADULT MENTAL HEALTH

451 Lexington Parkway North, St. Paul, MN 55104
General Adult Mental Health: 651-280-2687 Fax: 651-280-3155

Is the client in immediate crisis or suicidal? **Call 911** or Adult Crisis Response: 651-266-7900

REFERRED BY ☐ Self ☐ Other

Name: _____ Role: _____

Clinic/Telephone: _____

Reason for Referral (provide narrative): _____

_____

_____

CLIENT INFORMATION

Name: _____ DOB: _____ Gender: _____

Address: _____ Phone: _____

_____ Alt. Phone: _____

SS# _____

Insurance Provider: _____ Member #: _____

English Ability: ☐Fluent ☐Good ☐Limited ☐None Primary Language: _____

☐ Requesting an Interpreter Requesting Transportation: ☐Y ☐N

What type of services are you referring the client for?

☐ Outpatient Psychotherapy Services

☐ Case Management - Case management referrals should be made directly to Ramsey County Mental Health Center (authorizing agent). Please contact them for necessary intake information at 651-266-4917

☐ Assertive Community Treatment - Please connect with ACT Care Coordinator at 651-280-2113

☐ Center for Social Healing

CONSENT TO RELEASE INFORMATION

- I consent to have my clinic share the information on this form with Wilder's Mental Health Services and that they will contact the identified caregiver.
- I consent to have the Wilder Foundation provide feedback to my clinic about the status of this referral for mental health.
- I understand I may refuse to sign (and can revoke) this referral and consent, except to the extent that action has already been taken in reliance on this consent.
- I understand that my clinic may not condition my treatment/service or payment of my bills on my decision to sign this referral and consent form.
- I understand that when the information specified on this form is sent to the Wilder Foundation's Mental Health Services, they have agreed not to re-disclose the information to any third party other than this clinic and to protect the privacy of this information consistent with state and federal privacy laws.
- I agree that a photocopy of this form is as valid as the original.
- I understand that, upon my request, I will receive a copy of this signed form.

I have read and agree to the terms above **(Signature)** _____ Date _____

Wilder Administrative use only

Date of Referral: _____ Referral Taken By: _____

Referral made to staff: _____ _____
Name Date

Fax completed forms to: 651-280-3155

451 Lexington Parkway North, Saint Paul, MN 55104 www.wilder.org

AMHERST H WILDER FOUNDATION Here for good.

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Brief description of the types of services:

-- Outpatient Psychotherapy Services: Mental Health Diagnostic Assessment, individual, couples, family therapy – typically office-based with limited home/community based (multiple insurance options), Group therapy (inquire via phone)

-- Case Management: Mental Health service by team of Hmong, Cambodian, Vietnamese, and Karen workers providing ongoing monitoring, resource assistance, coordination of service providers and needs evaluation. Must meet criteria of serious and persistent mental illness as documented on a diagnostic assessment that was conducted within 180 days and recommends case management.

-- Assertive Community Treatment: Intensive metal health case management provided by team of bilingual workers, and including services by psychiatrist and RN. **MA insurance required.**

-- Center for Social Healing: Offers a range of supports including groups, social service, enrichment activities, paperwork assist, information, referral, and other recovery-oriented activities.

NOTE: Please let the client know that you have made a referral to us, and that we will be contacting them shortly to offer an assessment of their needs. Depending on the indicated services above, this may range from an informal conversation with one of our counselors to a diagnostic assessment with one of our mental health clinicians, so that we are best able to help them determine the range of appropriate services. As always, we appreciate the opportunity to work with you and look forward to collaborating.