NYSTROM & ASSOCIATES, LTD
- Est 1991 -
www.nystromcounseling.com

Substance Use Disorder Referral Form

Date:_____ Referent's Name/Facility: _____

Referent's Phone number:_____Referent's Fax Number:_____

Client's Name:_____ Male/Female Drug Court Involvment: Yes or No

DOB:_____Phone #:_____

Address:_____

City:_____ Zip Code:_____ County:_____

Insurance Name:_____

Insurance Holder's name:_____ Insurance Holder's DOB:_____

Insurance ID #:_____ Insurance Group #:_____

Location to schedule:	**SUD Programs requested:**	**Other NAL Services Requested:**	**Helpful documentation to be faxed:**	**Projected Discharge Type:**
_____ Apple Valley _____ Baxter/Brainerd _____ Big Lake _____ Bloomington _____ Cambridge _____ Coon Rapids _____ Duluth _____ Eden Prairie _____ Maple Grove _____ Mankato _____ Minnetonka _____ New Brighton _____ Otsego _____ Rochester _____ St. Cloud/Sartell _____ Woodbury	_____ Adult Day _____ Adult Evening _____ Adolescent _____ Healthcare Professionals Program (NB or WB Locations only) _____ Suboxone _____ Driving with Care ™	____ Psychiatry ____ Individual Therapy ____ Family Therapy ____ Nutrition Counseling ____ DBT ____ Psychological Testing ____ ARMHS ____ CTSS ____ Adult Mental Health Day Treatment	___ ROI ___ Most Recent Substance Use Disorder Assessment ___ Most Recent Progress Note w/ Dimension Risk Ratings (required for referrals from residential placements) ___ Discharge Summary (if/when available) ___ Most Recent Mental Health Diagnostic Assessment (if available)	____ With Staff Approval ____ Conditional With Staff Approval ____ At Staff Request ____ Against Staff Approval ____ Medical

Medium Plus Intensity: weekly - adult three 3 hour SUD Groups, adolescent three 2 hour SUD Groups; one SUD Individual Session, one Individual Therapy Session
Medium Intensity: weekly - adult three 3 hour SUD Groups, adolescent three 2 hour SUD Groups; one SUD Individual Session
Low Intensity: weekly - adult one 3 hour SUD Group, adolescent one 2 hour SUD Group; one SUD Individual

Notes/Comments:

Please fax this form and documents to NAL SUD Incoming Fax Line: 651-604-5905.
To contact SUD Admissions directly, please call 651-529-8479.
Thank you for the referral!!