



SUD Referral Form

Today's Date: _____

<u>Referents Name / Facility:</u>	Email:
Phone:	Fax:

<u>Patient's Name:</u>	DOB:
Gender:	Last 4 # SS:
Phone:	Email:
Address:	City / Zip / County:

Insurance Carrier:	
Insurance Holder Name:	Holders DOB:
Insurance ID#	Group #:

Notes:

ASAM 2.1(High-Intensity Outpatient): weekly- M-TH adult three 4hour SUD groups; one SUD individual session weekly. Adolescent three 3hour SUD groups; one SUD individual session weekly.

ASAM 1.0 (Low Intensity Outpatient): weekly- M-Th adult one 4hour SUD Group; one SUD individual session weekly. Adolescent one 3hour SUD Group; one SUD individual session weekly.

ASAM 3.5 (High-Intensity Residential): daily-Monday-Sunday (30 hours a week) SUD groups, SUD individual sessions weekly.

Peer Support services are an option once admitted to any SUD program



Location: (Subject to availability)	SUD Services Request:	Other Nystrom Services Request:	Include & Fax the following Documents:
<p><u>Outpatient</u></p> <p><input type="checkbox"/> Alexandria <input type="checkbox"/> Apple Valley <input type="checkbox"/> Bemidji <input type="checkbox"/> Big Lake OP <input type="checkbox"/> Blaine <input type="checkbox"/> Bloomington <input type="checkbox"/> Cambridge <input type="checkbox"/> Chaska <input type="checkbox"/> Coon Rapids <input type="checkbox"/> Duluth <small>downtown</small> <input type="checkbox"/> Eden Prairie <input type="checkbox"/> Edina <input type="checkbox"/> Fergus Falls <input type="checkbox"/> Hutchinson <input type="checkbox"/> Maple Grove <input type="checkbox"/> Mankato <input type="checkbox"/> Minnetonka <input type="checkbox"/> Moorhead <input type="checkbox"/> New Brighton <input type="checkbox"/> Otsego <input type="checkbox"/> Rochester <input type="checkbox"/> Roseville <input type="checkbox"/> St. Cloud/Sartell <input type="checkbox"/> Stillwater <input type="checkbox"/> Woodbury</p> <p><u>Residential</u></p> <p><input type="checkbox"/> Big Lake</p>	<p><u>ASAM Level:</u></p> <p><input type="checkbox"/> 2.1 High Intensity OP <input type="checkbox"/> 1.0 Low Intensity OP <input type="checkbox"/> 3.5 High Intensity Residential</p> <p><u>Location:</u></p> <p><input type="checkbox"/> In-Person <input type="checkbox"/> Hybrid <input type="checkbox"/> Telehealth</p> <p><u>Group Time:</u></p> <p><input type="checkbox"/> Adult AM <input type="checkbox"/> Adult afternoon <input type="checkbox"/> Adult Evening <input type="checkbox"/> Adolescent Evening <input type="checkbox"/> Adolescent Prevention group <input type="checkbox"/> Driving with Care</p>	<p><u>Other:</u></p> <p><input type="checkbox"/> Counseling & Therapy <input type="checkbox"/> Psychiatry & Med Management <input type="checkbox"/> Adult day treatment <input type="checkbox"/> Family Therapy <input type="checkbox"/> Nutrition <input type="checkbox"/> DBT <input type="checkbox"/> ARMHS <input type="checkbox"/> Case Management <input type="checkbox"/> Psychological Testing <input type="checkbox"/> In-home therapy for adults <input type="checkbox"/> Behavioral Sleep medicine <input type="checkbox"/> School-Based Therapy <input type="checkbox"/> Children's' Therapeutic Services & Supports <input type="checkbox"/> Mother Baby Program/Perinatal Mental Health</p>	<p><u>Documents:</u></p> <p><input type="checkbox"/> ROI <input type="checkbox"/> Full Comp assess <input type="checkbox"/> Suboxone/MAT <input type="checkbox"/> Recent TPR w Dim w/risk ratings <input type="checkbox"/> DC Summ <input type="checkbox"/> Diagnostic assessment <input type="checkbox"/> Legal Docs (commit, PO, SOF incl level and legal docs) _____ _____ _____</p> <p><u>Discharge Type:</u></p> <p><input type="checkbox"/> With Staff Approval <input type="checkbox"/> Conditional WSA <input type="checkbox"/> At Staff Request <input type="checkbox"/> Against Staff Advice <input type="checkbox"/> Medical</p> <p>Other _____ _____ _____</p>

****Please fax this form and all documents****

1. Outpatient Referral: (2.1 & 1.0) SUD Fax Line: 651-604-5905 Admissions: Ph 651-529-8479

OR

2. Residential Referral: (3.5) SUD Fax Line: 763-309-2022 Admissions: Ph 763-309-2033

Thank you for the referral!