



Lorenz Clinic Professional Referral Form

To	Lorenz Clinic	From	
Lorenz Clinic Fax	(952) 361-5511	Organization Address	
Lorenz Clinic Phone	(952) 443-4600	Organization Zip Code	
Subject	New Referral	Date	

CLIENT INFORMATION

Name	
DOB	
Referral Service	
Language Needs	
Parent/guardian name and phone	
Parent/guardian name and phone	

PROFESSIONAL MAKING REFERRAL

Name	
Title	
Phone	
Email	

BEST FORM OF CLIENT CONTACT

- Direct contact from Lorenz Clinic
 From professional regarding the referral

NOTES AND ADDITIONAL INFORMATION

Please fax this form and a release of information to (952) 361-5511. For any questions regarding this process, please call (952) 443-4600.

