



## LORENZ CLINIC

### Lorenz Clinic Professional Referral Form

Please fax this form and a Release of Information to (952) 361-5511.

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

#### CLIENT INFORMATION

First and Last Name	
Date of Birth	
Language Needs	
Parent/guardian name and phone	
Parent/guardian name and phone	

#### PROFESSIONAL MAKING REFERRAL

Name	
Title	
Phone	
Email	

#### SERVICES INTERESTED IN

- Early Childhood Day Treatment
- In-Home Therapy
- Outpatient Psychotherapy
- Psychiatric Medication Management
- Psychological Testing

#### BEST FORM OF CLIENT CONTACT

- Direct contact from Lorenz Clinic
- From professional making referral

#### ADDITIONAL NOTES:

*For any questions regarding the referral process, please call (952) 443-4600.*