



2575 Harvest Lane NW, P.O. Box 977, Owatonna, MN, 55060 Phone: (507) 446-0431 Fax: (651) 925-0337 Email: info@fernbrook.org

ARMHS Intake/Registration

Fax to: 651-925-0337

Please attach signed release form and copy of current diagnostic.

Eligible Consumer: _____ DOB: _____

Address: _____

Phone: _____

Partner (if any): _____

Household members:

Name	Age/DOB	Relationship to consumer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency contact name and phone: _____

Culture/Ethnicity: _____ Primary Language: _____

MA Number: _____ SS Number: _____

Axis I: _____

Axis II: _____

Axis III: _____

Meds: _____

Allergies: _____

Case Manager: _____ Phone: _____

Therapist: none: _____ Phone: _____

Psychiatrist: _____ Clinic: _____

Address: _____ Phone: _____

County Pay: Yes No County: _____ MA: Yes No

Other Agencies:

Contact Name	Clinic & Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

INS Company Name: _____

INS Company Phone: _____

ID Number: _____ Group Number: _____

Subscriber Name: _____ Subscriber DOB: _____

Subscriber Address: _____

Referral Name and Source: _____

Date: _____

Person completing form: _____

Reason for Referral: