BELTRAMI COUNTY HEALTH AND HUMAN SERVICES
CHILDREN'S MENTAL HEALTH SERVICES
616 America Ave NW Suite 330, Bemidji, MN 56601

INTAKE/REFERRAL Date:_____________

Client Name:		DOB:
Address:		
Home Phone:	Age:	Gender:
School:	Grade:	
Insurance (optional): ☐ MA ☐ I.M. Care	☐ Other	Policy #:
DA/Psych Eval. Date:	Completed by:	
Referral Source:	Agency:	

Circle one: Parent(s) Guardians(s)	Name(s):
Address:	
Home phone:	Cell phone:
Relationship to client:	

Is family aware of this referral? ☐ Yes ☐ No

Identified Needs to be Addressed:

History of Services to Family/Current Services:

Complete this form and either fax to (218) 333-4295 or email to CPIntake@co.beltrami.mn.us

Oct. 2023