

Referral to Park Avenue Center

Fax Cover Sheet

To: Park Avenue Center Admission Department

Fax: 612-871-0194

From: _____

Phone/Email: _____

Please find attached a referral to Park Avenue Center (Please complete each section)

Men's Programming

Women's Programming

Outpatient NO lodging

Lodging

CD (straight chem. Dep.)

MICD (co-occurring dual diagnosis)

Complex Co-occurring

African American Culturally Specific

Rule 25

County:
Approved by:

PMAP

Funder:
ID/Plan:

Commercial

Funder:
ID/Plan:

Self-Pay

Commitment

No Commitment

Incarcerated/Location: _____

Not incarcerated

Dosing MAT/Location: _____

Not dosing MAT

Criminal Sexual Conduct/Predatory Offence Conviction?

Yes

No

Client Phone: _____ OK to leave a message? Y/N

Client Email: _____

Any other pertinent information regarding client status or referral recommendation?