Behavioral Health Form

LSS BEHAVIORAL HEALTH SERVICES

Lutheran Social Service of Minnesota

Today's Date: _____

IDENTIFYING INFORMATION

Client Name: _____

Date of Birth: _____

Gender on Insurance: ☐ M ☐ F ☐ Other

Gender Identity (if different than previously listed): _____

Gender Pronouns used: _____

Parent, Guardian or Emergency Contact: _____

Address: _____

City / State: _____ Zip Code: _____

Email: _____

Okay to email? ☐ Yes ☐ No

Home Phone: _____

Okay to leave a message? ☐ Yes ☐ No

Cell Phone: _____

Okay to leave a message? ☐ Yes ☐ No Okay to text? ☐ Yes ☐ No

Work Phone: _____

Okay to leave a message? ☐ Yes ☐ No

PRIMARY REASON FOR REFERRAL *(Check all that apply)*

- ☐ Abuse / Neglect
- ☐ Chemical Abuse / Dependency
- ☐ Children / Parenting
- ☐ Depression / Anxiety / Emotional
- ☐ Financial
- ☐ Family
- ☐ Gambling
- ☐ Grief / Loss
- ☐ Harassment
- ☐ Health
- ☐ Identity
- ☐ Marital Relations / Separation / Divorce
- ☐ School
- ☐ Work / Career
- ☐ Other: _____

HOW REFERRAL HEARD OF AGENCY *(Check all that apply)*

- ☐ Clergy
- ☐ Court
- ☐ Family, Friends, Co-Workers
- ☐ Flyer / Brochure / Poster
- ☐ Insurance / EAP
- ☐ Internet
- ☐ LSS Program
- ☐ Medical / Physician
- ☐ Social Service / Government Agency
- ☐ Radio / Television
- ☐ Other: _____

DEMOGRAPHICS

- ☐ African
- ☐ African American
- ☐ American Indian / Alaskan Native
- ☐ Asian / Pacific Islander
- ☐ Black (Not Hispanic)
- ☐ Caucasian (Not Hispanic)
- ☐ Hispanic
- ☐ Multi-Racial

VETERAN / SPOUSE OF VETERAN / MINOR CHILD

☐ Yes ☐ No ☐ Current or Former Military / Honorable

INSURANCE

Insurance / EAP: _____

ID #: _____ Group #: _____

Policy Holder Name / Relationship: _____

Policy Holder DOB: _____

If EAP, Employer Name: _____

Secondary Insurance: _____

ID #: _____ Group #: _____

Policy Holder Name / Relationship: _____

Policy Holder DOB: _____

Please do not send this form over email, unless you have a secure email option. Our team can help you send this form to us electronically in a way that protects your privacy. Please email **counseling@lssmn.org**, or call us at **888.881.8261**. We will walk you through the process of sending this form and any other materials to us in a secure way.