

To: Care and Treatment Referral Source

From: Therapeutic Learning Centers

RE: Referral Process to Therapeutic Learning Centers

Attached, please find a referral sheet for the Therapeutic Learning Centers. Please complete this information and fax or e-mail to:

Pader Thao
Program Support Staff
pthao@canvashealth.org
Phone: 651-251-5090
Fax: **651-251-5118**

The following information if available is also requested prior to scheduling an intake meeting:

- Diagnostic Assessments
- Psychological Evaluations
- Medication Information



Main Office
7066 Stillwater Boulevard North
Oakdale, MN 55128
Phone: (651) 777-5222 Fax: (651) 251-5111

Therapeutic Learning Centers Referral Form

Please complete as much of the form as possible. Missing items may delay the referral process.

Client's Name: _____ DOB: _____ Phone: _____

Client's Address: _____ City _____ Zip _____ County _____

Ethnicity: _____ Gender: _____

Parent/Guardian's name _____ Phone: _____

Address: _____ City _____ Zip _____ County _____
(if different)

Other Guardian name _____ Phone _____

Address: _____ City _____ Zip _____ County _____

Nature of relationship to other guardian: _____

Have you discussed this referral with the child's parent/guardian? Yes _____ No _____

Insurance Company Name: _____ Insurance ID: _____

Name of Policy Holder: _____ Policy Holder DOB: _____ Relationship to Client: _____

Client's School District: _____ School Contact: _____ Phone: _____

Special Education Services: _____

Other Service Providers: (County Worker, Psychiatry, TSP, And Probation Officer): _____

Current Concerns/Reason for referring to therapeutic care and treatment: _____

Form Completed by: _____ Phone: _____ Completed Date: _____

**Email or Fax to: Pader Thao; Program Support Staff; pthao@canvashealth.org
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