



Kiesler Wellness Center
 3130 SE 2nd Ave, Grand Rapids, MN. 55744
 OFFICE: 218-326-5114 FAX: 218-999-4041
 www.kieslerwellnesscenter.org



Wellness Advocacy Program Referral Form

Referred By	Organization	Today's Date
Referral's Name		Referral's Preferred Phone #
Referral's Address		
Diagnosis (if applicable):		

How can we support your referral? (check all that apply)			
<input type="checkbox"/> Learning about and obtaining mental health services			
<input type="checkbox"/> Navigating health care and social service systems			
<input type="checkbox"/> Establishing a healthy support system			
<input type="checkbox"/> Learning how to access community resources			
Accessing the following resources (check all that apply):			
<input type="checkbox"/> Medical Insurance	<input type="checkbox"/> Employment	<input type="checkbox"/> Medication	<input type="checkbox"/> Chemical Dependency
<input type="checkbox"/> Housing	<input type="checkbox"/> Legal	<input type="checkbox"/> Financial	<input type="checkbox"/> Education
<input type="checkbox"/> Transportation	<input type="checkbox"/> Stress Mgmt.	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Fitness/Recreation	<input type="checkbox"/> Dental Health	<input type="checkbox"/> Support Groups
Additional notes/comments:			

Please complete this form and return to the Wellness Advocacy Coordinators

Via Fax:

(218)999-4041

Via email: (chose one)

Sara Brubaker, LPN, ARMHS – sbrubaker@northlandcounseling.org

Sara Foss, PSS – sfoss@northlandcounseling.org