



## PEARLS Referral Form

To complete the referral process, please secure a Release of Information (ROI) so you may make this referral on behalf of another party. Please complete the information below:

Referred By: \_\_\_\_\_

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your phone: \_\_\_\_\_

Your email: \_\_\_\_\_

Client Information:

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Phone number with area code: \_\_\_\_\_

Home address: \_\_\_\_\_

Primary physician's name and clinic: \_\_\_\_\_

Mental health diagnosis/diagnoses if any: \_\_\_\_\_

Previous hospitalizations for mental health concerns if any: \_\_\_\_\_

Please attach medication list if available: \_\_\_\_\_

Contact Tara Burns at (763) 300-3146 for more information or fax this form to her at (651) 412-7715.

PEARLS is a free program through Jewish Family Service of St. Paul that supports adults 65+ who are suffering from low mood or depression. PEARLS is partially funded by the MAAA and Live Well grants.



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An affiliate agency of the St. Paul Jewish Federation